University of Alberta

Family Preservation Service – An Evaluation – A Case for Early Intervention

By

Cecilia Josephine Munro

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submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the
degree of Master of Science

in

Family Ecology and Practice

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Cecilia Munro

R. R. #2 Site 216 Box 6
St. Albert, Alberta
T8N 1M9

Date: June 3, 2002

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommended to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Family Preservation Services – An Evaluation – A Case for Early Intervention submitted by Cecilia Josephine Munro in partial fulfillment of the requirements for the degree of Masters of Science in Family Ecology and Practice.

Brenda Munro
Dr. Brenda Munro

Ollie Triska
Dr. Ollie Triska

Maryanne Doherty
Dr. Maryanne Doherty

Date April 29 2002

Abstract

The purpose of this research project was to determine if there was a difference between "status" and "non-status" families that have been provided Family Preservation Services, in regards to the: change in family functioning, the hours of service provided, and the length of time service was provided to the family. An evaluation of the In-Home Family Preservation Services of Catholic Social Services in Edmonton, Alberta was completed.

The evaluation was a quantitative study using a "pretest-posttest" design, comparing the measures of family functioning on intake and discharge. The FAM, family functioning assessment tool was used. Goal Attainment Scales were used to determine if program objectives were being met.

The results of the study indicated providing family preservation services before the risk elevates to the point where a file needs to be open and status given, is effective in increasing family functioning and in decreasing the cost of child welfare services.

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Dedication

I would like to dedicate my thesis to my Mom and Dad who no longer walk in this world, but whose spirit I feel running in my blood every moment. Their spirit guides my faith and the decisions I make everyday.

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Part I Introduction

In-Home Family Preservation Services are one method of intervention that is provided to families who are at the brink of disruption due to issues such as abuse, neglect, and family violence. The evaluation of these types of services has been limited to information regarding the number of children who remain in the home rather than in alternative care placements. More extensive measures of effectiveness are required as funding for such services are based on the effectiveness of the service. The objective of this research is to evaluate the effectiveness of the In-Home Family Preservation Services being offered to two distinct groups of families. This research is concerned with the difference in provision of services to "Status" (those families who have open child welfare files) and "Non-status" (those families who do not hold open child welfare files).

This chapter will provide: background information leading to the need for better evaluation, the purpose and rationale behind this research, the specific question this research will answer, and an outline of the thesis.

Background to the Problem

The release of two reports 'Finding A Better Way' (1994a) and 'Focus On Children' (1994b), brought forward important information that facilitated a change initiative in the province of Alberta. The change initiative came after nearly a year of public consultation and just after the release of a comprehensive review of child Welfare services completed by the then Children's Advocate, Bernd Walters, titled 'In Need of Protection' (1993).

Ray Lazanik, the Commissioner for Children's Services, argued that within the

service sector there already existed a strong level of dissatisfaction within the current service system and a desire to see change. The broad context for change was based in part on a decade of reports and recommendations calling for fundamental reform of the Child Welfare Services (Ministerial Request for an Ombudsman Child Safety Assessment in Foster Care, 1993; In Need of Protection: Children and youth in Alberta, 1993; Child Welfare Priorities, 1992; the Working Committee on Native Child Welfare, 1984; the Tomlison Report, 1984). Recurring themes in these reports highlighted the need for better services; reduction in gaps and fragmentation; the ability to deliver comprehensive services to meet the multiple needs of children; the need for a single provincial government structure responsible for children and families; and decentralized services that are integrated at the local level. Although there were some anxieties expressed in the weeks immediately after the release of the Commissioner's reports and strong concerns expressed by some of the parties about some of the specific directions of the proposed "redesign" initiative in terms of delegation and privatization, there was also a level of consensus that the themes identified in the plan were timely and reflected the input and the perspectives of many Albertans concerned with services to children and families.

To effect change to Child Welfare Services, the government established a parallel structure to the Department of Family and Social Services under a 'Commissioner of Services for Children'. This involved appointing seventeen 'Regional Steering Committees, each comprised of volunteer community members from a variety of backgrounds and an associated staffing structure, to co-ordinate a three-year community planning process to develop a new 'Service Plan' for each region. During this phase, some of the directions that were creating most concern, such as privatization, were dropped. At the end of the planning process, Child and Family Services Authorities were

established and delegated responsibilities to administer the new Service Plans in each region. By the spring of 1998, the first Regional Child and Family Services Authority assumed governance and management responsibility in Calgary. The other Authorities, now numbering eighteen to recognize Metis Settlements as a distinct community, were appointed by early summer 1998 but did not assume responsibility for service governance and management until the spring and summer of 1999.

Edmonton, Sherwood Park, St. Albert, and Leduc and their municipal districts are the areas that make up Region 10. Region 10 was given the name MaMowe Capital Region Child and Family Services Authority. Within this region there are a high percentage of aboriginal children and their families who receive services from Child Welfare. The word 'MaMowe' is from the Cree language and means 'together'. This name was chosen as the Regional Authority is committed to working with aboriginal peoples to provide services that will best meet the cultural needs of the children and families.

Purpose and Rationale

The current re-design of Children's Services in the province of Alberta has necessitated a critical review of the effectiveness of services being provided to children and families. The Children's Services Authorities are responding to the growing public concern about safety and well-being of children, the issue of fiscal restraint involving fewer human and economic resources, and the governments demanding better accountability for services (Fallon, MacLaurin & Trocme, 1998).

The regional Children's Service Authorities were given the responsibility for hiring and overseeing service providers. Decisions are largely dependent upon the

providers' ability to provide evidence that their services are effective. The ability to secure contracts to provide services to children and families will be based on Performance Contracting, which involves contracting for results. Performance contracting in the Human Services field can be defined as a contract that uses performance specifications and ties at least a portion of a contractor's compensation to achievement (Kettner & Martin, 1993).

As a provider of Family Based Preservation Services to children and families for the past nine years, I have had considerable experience with the process of contracting. Contracts most often include specifications regarding design and performance. The design portion of the contract consists of the process of service delivery. The performance portion of the contract consists of the results the service will deliver. For the most part these results have been reported in terms of: (1) measures of service volume, for example, the number of families served per year or hours of services provided; and (2) measures of client outcomes. Client outcomes have often been measured by using system based indicators, for example, whether the child and family has remained involved with the child welfare system (Fallon, MacLaurin, & Troche', 1998).

Both the provincial and territorial Child Welfare systems of Canada have recently come together to develop a new model for measuring client outcomes of the child welfare system. The model combines both direct client measures and system-based indicators. The links between direct client measures and systems-based indicators serves to strengthen each source of data (Oxman-Martinez, Trocme, & Moreau, 1998). The need for service providers to use both system-based indicators and client outcomes to address the performance portion of contract specifications is very clear and is mandatory if the provider wishes to secure contracts to deliver services. As a service provider the

development of a Client Outcomes Measurement System is imperative in the continuation of effective service provision and thus contract security.

Research Question

As the following information will clarify, this research project is an evaluation of the In-Home Family Preservation Services provided by Catholic Social Services. The Evaluation will provide information regarding how effective the program is at reaching objectives that are discussed in Part IV of this thesis. There is however, a specific question that this research is addressing. The question is concerned with the differences in provision of services to "Status " (those families who hold open child welfare files) and "Non-status" (those families who do not hold an open child welfare file) families. see Page 18 contains further explanation of the terms "status and non-status".

The Research Question is as follows:

Is there a difference between "status" and "non-status" families that have been provided Family Preservation Services, in regards to the: change in family functioning (as viewed from the individual whose score rates the family functioning as being the most problematic), the hours of service provided, and the length of time service was provided to the family.

The information provided by responding to this question has implications for the development of policy that is related to the provision of preventative and early intervention services to families in need. The implications of this research are outlined further in Part IV of the thesis.

Outline of Thesis

An extensive review of the literature which includes: the characteristics and

history of Family Preservation Services; an example of one model of services; information on evaluations of Family Preservation services including what are considered the criteria for success; and the recommendations for how to evaluate such programs will be covered in Part II. Part III will describe the service, which is being evaluated. The objectives of the evaluation will be discussed in Part IV. The method and procedure of the evaluation that will be undertaken in this thesis will be covered in Part V. Part VI reports the results of the research. Part VII includes the discussion of the results and conclusion of the thesis.

Part II: Review of Literature

Intensive Family Preservation Program Characteristics

The In-Home Family Preservation Services' philosophy, values, and operations closely match those of other intensive family preservation programs (IFPP). Such programs are characterized by the fact that only families at risk of imminent placement are accepted, and that intake and assessment processes ensure that no child is left in danger (Whittaker & Tracy, 1990). IFPPs adopt an ecological perspective, looking to the environment as the source of, and the solution to, child and family problems. This view considers both the clients' competencies, and their environments. The ecological approach emphasizes the family as the unit of service, and focuses on increasing parental skills and competencies, and removing or reducing obstacles that interfere with coping (Whittaker & Tracy, 1990; Cole & Duva, 1990; Campell, 1990).

Typically, intensive family preservation programs have two goals: keeping the family together, and keeping children safe. Family preservation is both a philosophy and

an approach. Empowerment is a central tenet of all IFPPs. As a philosophy the following values are espoused: i.) diversity and uniqueness among families and communities is respected; ii.) there is a belief that families are the experts in their own lives and that family preservation work is a partnership involving the worker, the family, and larger systems such as community agencies, informal helpers, and networks; and, iii.) the fundamental underlying value is family self-determination of choices and goals (Berry, 1997).

As an approach to practice, family preservation involves knowledge, skills, and techniques that grow out of philosophical values and beliefs. The fundamental work of family preservation is to help the family become self-sufficient. Promoting self-determination requires an individualized approach to every family and every community. Two key objectives of family preservation programs are to enrich life skills of family members, and to enrich their social support networks (Berry, 1997).

The most common features of intensive family preservation programs include: a strengths perspective (which moves away from a diagnosis and problem orientation and focuses rather, on a positive, empowering perspective); families are integrally involved in naming the problem, setting goals, and evaluating their progress; services are provided in the home; services focus on the entire family; services are provided to families in crisis; and services are provided over a relatively short period of time, not usually more than four to six months (Berry, 1997).

History of Intensive Family Preservation Programs

The philosophy and values behind intensive family preservation programs is not new. Communities have struggled with what to do with parents that had difficulties

providing safe, healthy environments for their families for as long as the communities themselves have existed.

The current reform of children's services, health services and the juvenile justice system is a continuation of that struggle. In 1909, Theodore Roosevelt convened the first White House Conference on Dependent Children so that those engaged in the work of caring for dependent and destitute children could exchange ideas and experiences. The discussion was wide-ranging and resulted in thirteen recommendations to the president; one had to do with efforts to keep families together (Cole & Duva, 1990). Following the conference solutions to assist families were focused on assisting the parents monetarily. This assistance did preserve the home and prevent placement for a substantial number of children (McGowan, 1988). But not every family was seen as worthy of receiving this type of assistance and the concept of monetary assistance assumed that children were being placed in care because the parents did not have enough money to meet the needs of their family. This assumption ignored the issues of the parents not having the skills needed to parent effectively or the challenges that some children who have special needs, present to parenting. As a result foster care expanded together with the monetary aid given to families (Cole & Duva, 1990).

In the 1940's professionals in the child welfare field began to question whether foster care was the best option for children. In fact, there were occasions when a worker viewing the end result of long years of foster care for a particular child would remark with discouragement that the child could not have been much worse off if he had remained in his own home (Meddin, 1984). In 1959 the Child Welfare League of America completed a national study that confirmed weaknesses in the foster care system. They found that the biological parents of the children in foster care rarely visited the

children and had no plans for the return of the children to their homes. The agencies did not seem to have any concrete plans for the future of the children and many children were growing up inside the foster care system (Maas and Engler, 1959). Following this study the director of standards with the Child Welfare League of America called for the development of home based services that would eliminate the need for many of the placements. She said:

> "We can not substitute platitudes about strengthening family life, preventing delinquency or promoting mental health for action. It is not enough to utter pious sentiments about our obligation to maintain children in their homes, if those serve only to ease our conscience and relieve us of responsibility to do anything further." (Turitz, 1961, p. 5)

At about the same time there was some evidence beginning to come forth showing the success of such intensive family preservation services. The St. Paul (Minnesota) Family Centered Project, begun in the 1950's, yielded dramatic improvements among most troubled families in the community. In the St. Paul Project, 65% of the families made considerable gains. The families had been referred to the project because of serious neglect and /or juvenile delinquency (Birt, 1956). Interestingly, the project attributed its success to the beliefs about families and approaches to supporting these families it followed and these beliefs are similar to those followed by agencies delivering this type of service today. Even after Turitz's plan for family preservation services, the St. Paul Project, and Maas and Engler's research, both the monetary aide programs and the foster care programs expanded. Systematic efforts to implement the concept of family preservation on a larger scale continued to be non-existent (Cole & Duva, 1990).

In the 70's the development of family preservation services began to take place in response to a number of influences. Influence to expand family preservation services came from the, growing body of research, success shown by some program models that were being implemented, the growing cost of the increased number of children in foster care and federal legislation. Other researchers confirmed the findings of Maas and Engler. This confirmation resulted in a call for reappraisal and restructuring of the child welfare system to include family preservation, reunification and adoption services (Fanshel, 1971; Fanshel & Shinn, 1978; Gruber, 1978; Wilte & Gambrill, 1974). The Homebuilders program started in 1974 in Washington State was providing services that strengthened families and therefore provided an alternative to hospitalization, incarceration, institutionalization, or foster care. It's initial research boasted 86% of families remaining together one year after intake (Haapala & Kinney, 1979). In 1970 in Quebec there were 44,613 children in placements, 31,115 with foster families and 13,498 in institutional placements (Tremblay, 1999). Fifteen years later in 1985, in the midst of a recession and budget cuts, the number dropped by more than half, to 11,170 in foster homes and 6,015 in institutions for a total of 17,185 (Vachon & Simard, 1987, p. 9). In Canada the trend is that placements are more and more limited under the Youth Protection Act (YPA) than they were under the Health and Social Services Act (HSSA) (Tremblay, 1999).

There are several realities that have kept family preservation services from reaching their potential in the 1990's. Kelly and Blythe in their article on family preservation's potential sited the following factors as threats to family preservation services:

- model drift and loss of model integrity by the family preservation service

providers;

- a lack of unanimity among child welfare experts as to appropriate models of family preservation and efficacy of such models;
- the media releases branding anything that caused a childs' death in the home or any injury to a child left at home as a failure of family preservation;
- critics becoming vocal about their belief that the families who were receiving such support were not deserving of the support;
- a lack of good outcome measures with sufficient vigor;
- no unified voice to promote family preservation among the child welfare advocates;
- the majority of child welfare funding still being designated to placements of children in care.

One Model of Family Preservation Services

The first family preservation program to gain national attention was Homebuilders, which originated in Tacoma, Washington, in 1974. Homebuilders is often considered a model program of intensive family based preservation services. The goal of treatment is prevention of out-of -home placement, with the objectives of resolving the immediate crisis and teaching the family the skills to maintain family integrity independently. The program serves children and families with presenting problems of abuse, neglect, family conflict, mental illness, delinquency, and developmental disabilities and addictions. Almost all the work is done in the families' home where the problems generally occur. Each family receives an individualized treatment plan and intervention by professionally trained counselors or social workers. Clients are directly

involved in identifying problems and developing skills and strategies to resolve them. One program worker provides treatment to two to four families at one time. The worker can offer sophisticated psychotherapeutic treatment as well as advocacy and help obtaining material resources (e.g., rent money, emergency food, housing, medical care). Concrete services such as housecleaning and transportation are also provided by program workers, through which they model skills and coping strategies and demonstrate their commitment to the family (Berry, 1997).

The length of involvement is usually short term (four to six weeks) and intensive (15 to 25 hours per week).

Evaluation of Family Preservation Services

Success of family preservation programs has for the most part been measured based on child placement information. Feldman, (1991); Schuerman et al., (1994); and Yaun et al., (1990); completed experimental tests on intensive family preservation services involving child welfare samples. In each investigation, the families of children believed to be at imminent risk of out-of-home placement were assigned randomly to either an intensive family preservation program or regular child welfare services. The differences in child placement of the two groups were compared. There appears to be three conclusions one can draw from the studies, keeping in mind that there were differences in the programs, study methods, the definition of placement, and in the length of follow-up. The three conclusions are as follows: first, children in both the control and the experimental families are placed; second, the percentage of both the control and experimental families experienced placement increases over time; third, the rate of placement in families receiving intensive family preservation services is not consistently

lower than the rate in families receiving regular child welfare services at any given point in time.

Feldman, (1991) found that at one month after termination of services 11% of the experimental group and 27% of the control group had children who entered placement. At six months following termination of services 27% of the experimental group and 50% of the control group families had a child who entered placement. Twelve months after termination of services 43% of the experimental group and 57% of the control group families had a child who entered placement. Schuerman and his colleagues (1994) found that at one, six and 12 months after referral to services, the percentage of experimental and control families with a child who entered placement were respectfully 6% versus 7%, 20% versus 17%, and 27% versus 21%. In the first study, the differences between the experimental and control group were statistically significant; in the second study, the differences were not significant.

Schuerman et al. (1994) and Yuan et al. (1990) also completed experimental investigations with regards to the safety of maltreated children whose families were involved in intensive family preservation programs. Schuerman defined child safety as non-confirmation of a child welfare investigation of abuse or neglect and Yuan defined child safety as non-investigation by a child welfare authority for abuse or neglect. Yuan and colleagues found that 77% of families receiving intensive family preservation services and 77% of families receiving regular child welfare services remained uninvestigated eight months after referral to services. Schuerman and colleagues reported that 80% of families in the experimental group and 80% of families in the control group were not found to be abusive or neglectful up to 12 months after referral to services. Thus the conclusion drawn applies to both studies. When comparing intensive family

preservation services with regular child welfare services in these studies one can conclude that neither increased the risk of harm to the child nor did either provide additional protection from such harm. There are few studies completed that use an experimental design with a control group to make any strong conclusions in the area.

> "We have too few studies, however, to draw a clear conclusion for the field, and the few we possess rely on management information system data of unknown reliability and validity. Indeed we suspect that the true incidence of child maltreatment is underestimated in official reports of indicated investigations of child abuse and neglect." (Wells & Tracy, 1996, p. 679)

Evidence that intensive family preservation services improve family functioning, at least in the short term, does exist (Feldman 1991; Meezan & McCroskey 1996; Yuan et al. 1990). Meezan and McCroskey found that families receiving intensive family preservation services had improved between intake and termination in four of the six domains studied: interaction between caregiver and child, support available to the caregiver, developmental stimulation available to the child and family's living condition. Schuerman and colleagues (Schuerman et al. 1994) generally did not find improvement that was significant enough to draw such conclusions.

Criteria for Success

Early evaluations of family preservation programs focused almost solely on child placement outcomes. However, many researchers have called for a need to consider

placement outcomes. However, many researchers have called for a need to consider outcomes other than out-of-home placement (Raschick & Critchley, 1998; Berry, 1997; Whittaker & Tracy, 1990; Kaplan, 1986). There are many reasons for this. Berry (1997), for example, states that although the goal of family preservation is to preserve the family, family preservation is about more than the prevention of placement. Examining only child placement does not reveal much about what happened to the family or the child during the receipt of therapy. It is important to know what gains have been made in the family, what specific risks might have been reduced, and what other changes or improvements have been made to the household or family. Berry (1997) notes further the old adage of evaluation: "what gets measured, gets done", stating that programs that only evaluate child placement and that cannot document that they have increased skills and/or resources, are more likely not to offer services that enhance skills and/or resources, and are therefore more likely to see cases reopened six months or a year later.

Raschick and Critchley (1998) note that placement patterns cannot by themselves validly assess a program's effectiveness. Placement decisions tend to be based on a wide variety of factors, many of which are related to organizational policies independent of clients' need for placement (funding considerations, availability of foster homes, etc.). Furthermore, while out-of-home placements frequently represent undesirable outcomes, they are sometimes in a child's best interests. These researchers recommend two additional approaches to evaluation of family preservation programs - family functioning and qualitative measures. Evaluating change in the families' ability, to manage day to day living and to provide the children with a safe, healthy environment, while receiving service is important. This information can assist in determining the effectiveness of the services. Qualitative evaluations could provide valuable information regarding "what" is

effective about the services.

Similarly, Whittaker and Tracey (1990) state there is a need to consider outcomes other than placement status. Outcomes, that include more standardized measures of family and child functioning in a variety of settings, need to be considered. Also a better understanding of which families can benefit from family preservation services would assist in matching the appropriate type of support to the families in need.

Berry (1997) asserts that multiple measures should be standard operating procedure for family preservation evaluations. Suggested measures include: client characteristics (demographics, presenting problems, and strengths of families); program goals and objectives; and attainment of program objectives. Family preservation program effectiveness should be based on child and family functioning - that is, whether the well-being of children and families has been enhanced by program service provision (Berry, 1997).

The "How To" of Evaluation For Intensive Family Preservation Programs

As sited previously there remains a need for evaluation done at the program/service level and to look at more than out-of-home placement as an indicator of success. Although the need for local, site based studies has been emphasized, few such studies have been done (Rossi, 1992). The lack of research has lead to a lack of information regarding, how to carry out effective evaluations that will answer questions that deal with local policy issues, and be methodologically sound and fit within the often tight fiscal restraints. Research done at a local site based level is often interested in concrete issues such as: "What specific services are we funding? How effective are these services in relation to improving child/family functioning and preventing foster care

placement? Can the use of IFPPs (intensive family preservation programs) save the child welfare system funds?" (Pecora 1991: Pecora et al. 1995: Rossi 1992).

In a review of literature, on conducting site based research, Raschick and Critchley (1998) site the following recommendations:

- establish well-thought-out collaborations with university researchers;
- integrally involve all key agency stakeholders throughout the research process;
- formulate research questions, methodologies, and instruments in relation to stakeholders' program objectives;
- employ a utilization-oriented research model; and organize agency management information systems so that pertinent data is easily retrievable;
- establish a control or comparison group;
- use interval-level measurements of placement restrictiveness;
- assess placement patterns over an extended period of time;
- conduct event history analyses;
- compliment placement research with evaluations that focus on improvements in family and/or child functioning.

Part III Program Description

In-Home Family Preservation Services

Catholic Social Services' In-Home Family Preservation Services has been in operation since 1986. The services were developed when funding designated for a long-term community treatment home for emotionally disturbed children was redirected to provide in-home family preservation services to maintain the family unit. The In-Home Family Preservation Services provides services to children and their families in their own

homes. The services aim to resolve serious family problems and improve family functioning, thereby preventing the removal of children to foster homes or institutional placements.

Catholic Social Services is contracted by Ma'Mowe Capital Region Child and Family Services Authority to provide In-Home Family Preservation Services. These services are delivered exclusively to families referred to the program by a Child Welfare Worker from the Ma'Mowe Capital Region Child and Family Services. Although the Ma'Mowe Capital Region Child and Family Services does provide services to a high percentage of Aboriginal children and families, the program provided by Catholic Social Services has only approximately 3% of it's cases coming from the aboriginal community. The reason for the low number of aboriginal referrals is based on the designation given to agencies by the Regional Authority. Agencies are designated as Aboriginal Agencies or Agencies that provide Aboriginal Services. Aboriginal Agencies are those that are operated by a Board of Directors that are Aboriginal and the employees for the most part are Aboriginal and live by their culture. An Agency that provides Aboriginal Services is one that will have Aboriginal Representation on the Board of Directors and will have a small percentage of employees that are aboriginal living their culture. The Aboriginal Agencies provide service to the majority of Aboriginal children and families. Referral are made to the other agencies when there is a specific service that the Aboriginal Agency can not provide or if their capacity to accept children is full.

In every case, the Child Welfare Worker has determined that there is imminent risk of the need for child protection services to become involved in order to prevent harm to the child/children in the home. Dependent on the level of risk, the child welfare worker will either open a Child Welfare file or not. When a file is opened on a child the

child now has "status" with the Ma'Mowe Child and Family Services Authority. If the child welfare worker assesses the risk as being lower but, still sees the potential for the family to be in need of support in order to facilitate a safe environment for the child/children, then they do not open a file on the family, but can refer the family to the Diversion Program. The Diversion Program offers the same services as the In-Home Family Preservation Program. The difference between the two programs is that the Diversion Program is offered to those families that do not have status. The child welfare worker, with the family, sets goals and parameters that must be met in order for the family to remain intact. At this point, contact with the In-Home Family Preservation Services or Diversion Services is made.

The Target Population

Families participating in the In-Home Family Preservation Services and the Diversion Services are typically referred to as "multi-problem families", in that they are experiencing many challenges, which attenuate their ability to exert control over their social contexts. They often find themselves isolated from productive involvement in society, which reduces the availability of supports for the physical, mental, emotional, social, and spiritual needs of all family members. Parents in these families may have fleeting and transient relationships. They have difficulties in handling their aggressive and sexual impulses and frequently use projective mechanisms to cope or postpone dealing with problems. They also have a tendency to depend on others. Communication patterns in these families are chaotic. Children learn that they are often ignored and do not expect a response from their parents; family members rarely talk about feelings. Additional difficulties are experienced by "single parent" or "blended" families as they

struggle to adjust and adapt to changes in family structures, roles, and support mechanisms.

Family life in multi-problem families often centers around coping with one crisis after another. Examples of such crises are: chronic marital discord, violent behavior, substance and/or chronic alcohol abuse, emotional disorders, inability to cope with normal everyday tasks, chronic discord between parents and children, low self-esteem, lack of confidence in self, and an inability of the parents to provide necessary and realistic limits for children. Children in such families often feel unloved, unwanted, inferior, inadequate, and unrelated to any social system. They are likely to develop low self-esteem and a negative view of the world. They frequently become anxious, aggressive, and hostile. Some children may internalize their anxieties and aggressions, manifest self-destruction, depression, suicidal thoughts, passivity, withdrawal and a low degree of communication with others. They may also have nervous habits, nightmares and somatic complaints. Children who externalize their anxieties and aggressions tend to be impulsive and overactive, do not have self-control and are often violent toward other people and the environment. They may perceive their parents as cruel, unpredictable and untrustworthy individuals. They may simultaneously perceive themselves as inferior and different from other family members.

Services Provided

The Services are flexible and designed to respond promptly to referrals. A variety of intensive services aimed at resolving serious family problems and preventing removal of children to institutional or foster home placements are provided. Services are offered to families in which the children are at risk of being removed due to emotional

disturbance, abuse and/or neglect. Families are helped to resolve problems, modify unhealthy behavior, develop more effective family living skills, strengthen their natural support networks, and are connected to other community resources.

There are two components to the Services: counseling and family support. Counseling supports parents to resolve issues and to improve their social, coping, communication, and relationship skills. In-home family support is provided to support parents to strengthen parental skills and knowledge, improve family dynamics and relationships, and develop resources.

In order to address treatment issues for the children, parents are supported to develop a supportive environment in the home. In-home support is provided to assist the parents to maintain healthy family functioning, including clear expectations, consequences, child development and community involvement for the child and family.

A Clinical Counselor and Family Support Worker work as a team to provide the necessary support and counseling, which can be up to 40 hours per week for each family, but averages from 10 to 15 hours per week. Hours of involvement decrease, as family needs change. The family is generally involved in the Program for up to six months.

Guiding Principles for Practice.

The difficulties encountered by multi-problem parents often make it difficult for them and for the service givers to recognize their internal strengths and resources. These strengths, hidden under the feelings of depression, anger, and helplessness, are identified, developed and enhanced in order to help the family. Two sets of principles guide the In-Home Family Preservation Services. The key principles of practice are listed below. Principles for the service are listed later in the next section. Both sets of principles are

based upon the philosophy of Catholic Social Services, and the theoretical foundations of the program, which are also described later in this proposal.

The key principles for practice are:

1. Using a therapeutic relationship. The therapeutic relationship is developed between the staff persons and the family members. The mutual respect, commitment, trust, caring and unconditional, positive concern for each other provides a strong influence for the healthy change process.
2. Developing a therapeutic milieu. The programming routines and family environment are specifically designed so that the events of daily living are used to support and teach competence in basic family living skills. The environment or milieu of the family becomes the place for the family members to grow and change. The staff modeling and teaching methods, as well as the programming components, are all designed to have a positive influence on the family members.
3. Teaching discipline and parenting skills. For children and youth to acquire and maintain appropriate inner controls, they must be provided with parental care, support, and direction. Rules and family routines should be flexibly adapted to the capacity and readiness of the children and the parents to exercise self-control in specific areas. Appropriate parental discipline is an integral part of the educational process that teaches the children to conform to family and community standards.
4. Accessing community resources. Information alone is not always sufficient to enable a family to link to community resources that may reduce their isolation and open new possibilities for improving their quality of life. The family may need to learn, find and access support, negotiate and advocate for themselves for services.

Guiding Principles of the Services

Catholic Social Services (CSS) acknowledges the challenges inherent in multi-problem families, but rather than focusing solely upon problems and challenges, the agency embodies an empowerment, strengths based approach that affirms the dignity of the people whom it serves. All services provided by the agency are based upon a set of specific program principles developed by CSS. These are:

1. Children have needs, knowledge, and responsibilities that are different from those of adults.
2. The development of children is dependent on the strength of the parent-child relationship and the positive functioning of the whole family unit.
3. Whenever possible, it is within the child's own family or surrogate family that his or her problems should be treated and his or her unmet needs fulfilled.
4. The first and greatest investment should be made in the care and treatment of family members within their own homes.
5. The provision of care and treatment should be offered in the least restrictive and the most culturally normal manner possible.
6. The family at all times is a full partner in the planning, delivery and evaluation of the services received.
7. Services to families should emphasize, support, and build on the existing strengths of families, rather than supplanting the family network.
8. Multi-problem families have unique characteristics that require unique methods of intervention.

Theoretical Foundations of the Services

The theoretical foundation of the In-Home Family Preservation Services rests upon three theories: Cornell's Empowerment Model (Cornell Empowerment Group, 1991), Minuchin's Structural Family Therapy Model (Dym, 1988) and Ecological Systems Theory (Kaplan, 1986). Each of these is briefly described below:

1. Cornell's Empowerment Model (Cornell Empowerment Group, 1991). Empowerment in the context of family preservation services means to step back from the role of professional and support the families to become the experts on how to deal with issues in their home. The service providers accomplish this by their actions. The service providers slow down the process of giving solutions and assist the family to discover solutions of their own. The service provider must also enter the relationship with the family on a more equal basis rather than from a position of power. Empowerment enables families to believe that, with assistance and support, they are able to identify, achieve and benefit from planning, setting and accomplishing realistic goals. Family members are empowered to believe that they are capable and have the inner resources to assume control over their own lives. Empowerment is an ongoing process that can occur at the individual, family, social, organizational and societal level.
2. Minuchin's Structural Family Therapy Model. Treatment is provided to families utilizing Minuchin's Structural Family Therapy (SFT). SFT is directed toward treating the pattern in which the symptomatic behaviors are embedded and to changing the organization of the family. According to Minuchin, both individuals and families develop through accommodation to internal and external stresses or changes. Individuals develop a sense of belonging by assimilating basic family

patterns, and through membership in subsystems (parent-child, brother-sister, for example). Problems arise when the child's sense of belonging is threatened. Instead of treating the child, one treats the patterns of interaction and thought within the family context. An underlying assumption of Minuchin's work is that the "problem" child may well develop naturally once free from disabling family patterns (Dym, 1988).

3. Ecological Systems Theory. An ecological approach recognizes that environmental forces strongly affect families. Community resources and therapy are therefore offered together. Working with a family in isolation encourages the family to be dependent upon the counselor. In an ecological plan, the counselor/worker acts as a role model, advocate, and teaches family members to access informal and formal community resources to meet their needs (Kaplan, 1986).

Service Goals and Objectives

Three stakeholders are involved in the setting of goals and objectives for the In-Home Family Preservation Services: Ma'Mowe Capital Region Child and Family Authority, Catholic Social Services (CSS), and the participating families. Goals are established at both the program level and the case (i.e. individual family) level.

Service level goals and objectives are established by CSS, based on mandatory goals set by a contract specialist from the Regional Authority, and also based on the agency's principles (as described above) and the theoretical underpinnings of the program design. At the family intervention level, the Ma'Mowe Capital Region Child Welfare Worker sets broad goals (for example, "increase parenting skills") for each family that

must be met in order to prevent the placement of a child (children) into foster or institutional care. Once the family enters the program, the CSS counselor and in-home support worker work with the family to develop more specific goals (e.g. "get child to bed on time") and strategies ("develop bedtime routines"). They also define indicators of success and revisit the goals at least every six weeks. This information is written up in a family service plan.

Service level goals.

Goal 1. To prevent the placement of "at risk" children in out of home care.

Objective 1.1. To have 80% of children remain in their own home for a minimum of six months following discharge from the program. (Note: these statistics are tracked by The Ma'Mowe Capital Region Child and Family Authority.)

Goal 2. To strengthen family functioning through intensive family based treatment.

Objective 2.1. To have 90% of clients experience the In-Home Family Preservation Services as a beneficial and supportive service.

Objective 2.2. To help families increase their access to community resources.

Objective 2.3 To help families increase their natural support networks.

Objective 2.4 To increase parents' effectiveness in child management so that "acting out" behavior, outbursts and temper tantrums of their child(ren) will be reduced.

Objective 2.5. To reduce or modify destructive behaviors in families (e.g. physical abuse, violence, arguing).

Conceptualization of Service Delivery

Unrau (1993) proposes that program evaluation should occur in two phases, the first being that of service conceptualization, which is a prerequisite to the second phase - the evaluation phase. Following her advice, this section serves to outline the relationship between the theoretical foundations of the In-Home Family Preservation Services, the services and practice guiding principles developed by Catholic Social Services, and also the relationship between program level and individual case level objectives and activities.

Program logic models serve as a conceptual guide to clarify a program's purpose and the assumptions upon which it is based. They help to articulate the link between the program's activities and the underlying theoretical basis of the program (in this case, Cornell's Empowerment Model, Minuchin's Structural Family Therapy Model, and Ecological Systems Theory) (Unrau, 1993). In the case of intensive family preservation programs, each family participating comes into the program with unique problems, and hence, therapy at the case level is mutually determined by the family and the program worker. However, some concerns are essentially universal in multi-problem families, and program level objectives can be set that are relevant to all families in the program. Practice, or case-level objectives are more detailed and specific to each family, but they always relate to the program objectives. It is important then, to understand the logical linkages between the program goal, program level objectives, and family specific practice objectives and treatment activities.

In consideration of this challenge, Unrau (1993) has developed a logic model specifically for family preservation programs, that not only helps to conceptualize theory and activities, but which also serves to delineate the connection between program level

objectives and practice (case-level) objectives and activities. The model demonstrates how practitioners can incorporate evaluative practice into their work and is therefore well suited for use by program workers. Because of this, it has been adapted to help conceptualize the In-Home Family Preservation Services.

The following pages provide a visual depiction of the service conceptualization, including Unrau's (1993) logic model. In Figure 1.0, the key elements of the three foundational theories underlying the program are presented. In Figure 2.0, the link between these theoretical foundations and guiding principles of the program are depicted. In turn, the relationship between theory, guiding principles and service conceptualization are shown. A full description of these links is presented in Table 1.0 on page 34.

Figure #1.0 In-Home family Preservation Service Logic Model

Catholic Social Services Philosophy:	Catholic Social Service offers services which affirm the dignity of human beings, irrespective of race, age disability, health, national origin, religion, color, creed or sexual orientation

Theoretical Foundations Underlying The In-Home Family Preservation Services

Minuchin's Structural Family Therapy

- The family is a system composed of people and their communication.
- All therapy is based on the identification of patterns of relationships and behaviours among family members.
- The guidelines that govern the limits of individual expression within the family are its rules. Parents need to be flexible and understand child development.
- Patterns determine family structure.
- Family structure is determined by subsystems within the family.
- Boundaries are rules that determine limits of the subsystems.
- Detouring within the family occurs when stress originating in one subsystem crosses the boundary into another subsystem.
- Working together, the counsellor and the family restructure dysfunctional family patterns to alleviate family problems. (Kaplan, 1986)

Cornell's Empowerment Model

- All individuals have strengths.
- Diversity id positively valued.
- Human beings develop through interaction with a number of environmental systems
- A truly democratic society is organized to provide all people with choices, and the power to exercise those choices.
- The deficit model of family assistance, in which people must demonstrate inadequacy in order to become eligible for support, is counter-productive, and competes with the empowerment process.
- Issues of power are central to family support
- At the social support level, an increase in social support networks may provide parents a means of obtaining alternative perspectives and new information
- At the social support level, an increase in social support networks may provide parents a means of obtaining alternative perspectives and new information.
- At the family level, power differentiation determine who controls resources, and makes decisions, and how work is distributed, the kinds of authority relationships maintained between parents and children, and how siblings relate to one another.
- At the individual level, empowerment related outcomes include self-esteem, feelings of control, a sense of attachment and belonging, and of making a contribution.

(Cornell University, 1991)

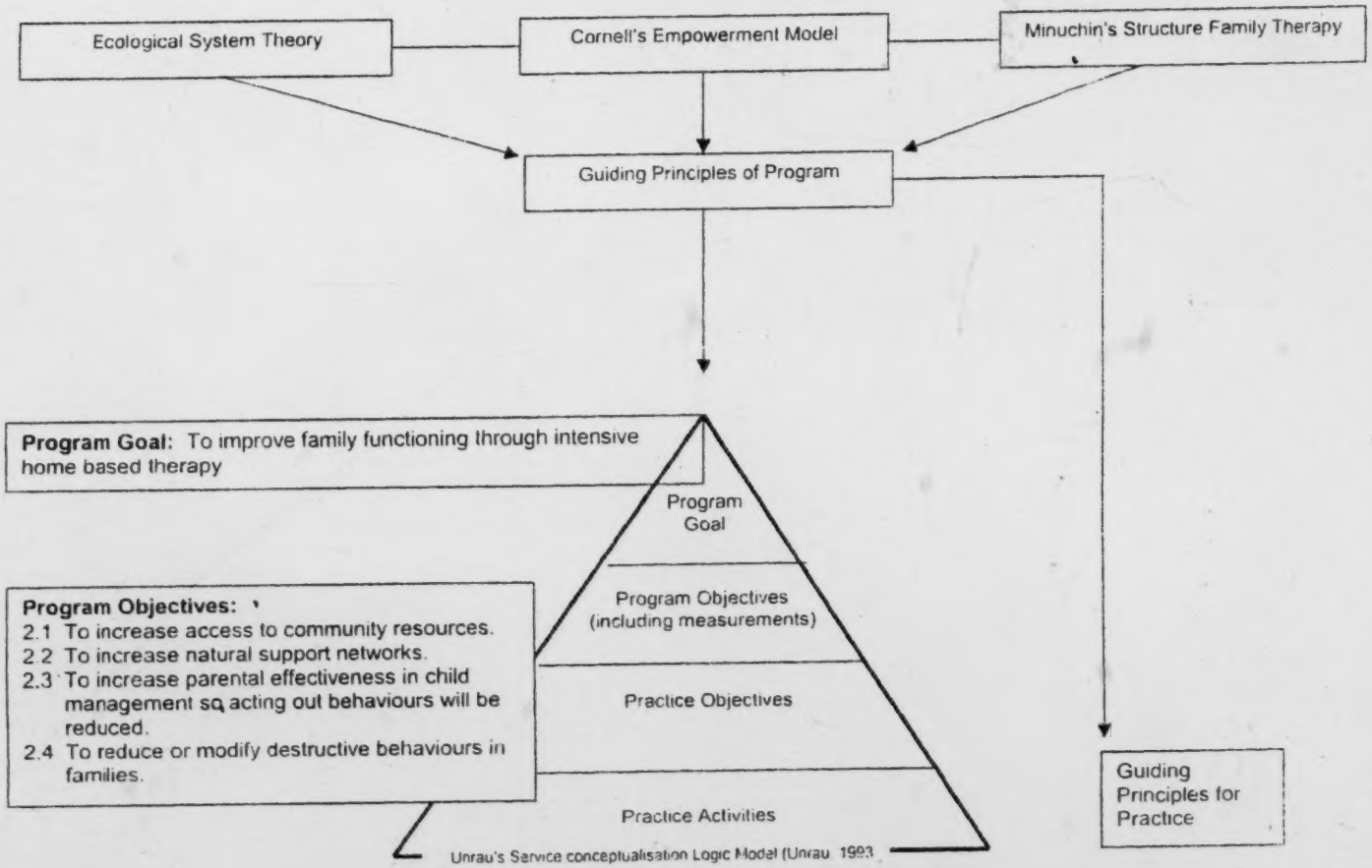
Ecological Systems Theory

- Environmental forces strongly affect families
- Community resources and therapy are offered together.
- Working with the family in isolation encourages the family to be dependent on the counsellor.
- In an ecological plan, the counsellor acts as a role model, advocate, and teaches family members to access informal and formal community resources to meet their needs

(Kaplan, 1986)

Figure #2.0 Logic Model: The In-Home Family Preservation Service

Theoretical Foundations Of The Program


Ecological System Theory
Cornell's Empowerment Model
Minuchin's Structure Family Therapy
Guiding Principles of Program
Program Goal: To improve family functioning through intensive home based therapy
Program Goal
Program Objectives (including measurements)
Practice Objectives
Practice Activities
Program Objectives:
2.1 To increase access to community resources.
2.2 To increase natural support networks.
2.3 To increase parental effectiveness in child management so acting out behaviours will be reduced.
2.4 To reduce or modify destructive behaviours in families.
Guiding Principles for Practice

Unrau's Service conceptualisation Logic Model (Unrau 1993

Conceptualisation of Service Delivery

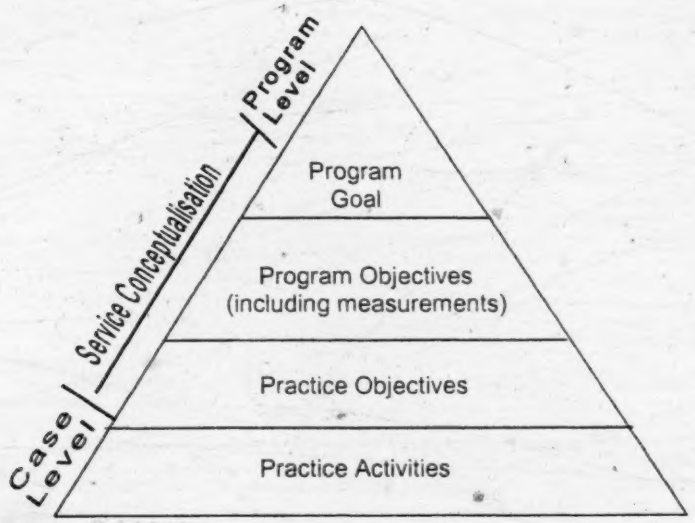


Figure 3.0 Unrau's Service Conceptualization Logic Model (Unrau, 1993).

Unrau's service conceptualization model is hierarchical in nature, implying an order between service level goals and objectives, and case level, or practice objectives and activities. These distinctions serve to distinguish the service's purpose from how the purpose is to be achieved. Provide here is a short description of each element of the logic model.

Service goal. The service goal guides practitioners toward accountable practice; it serves as a guidepost to navigate the service's operation in a certain direction. The service goal functions as an umbrella under which all other service elements are logically assumed. The goal is not generally measurable, it highlights a social problem, the population to be served, and the general direction of desired change. In the case of the In-Home Family Preservation Services, there are two goals: to prevent placement; and to improve family functioning.

Service objectives. Service objectives are the intended and measurable results that all clients must strive to achieve. They identify the general intervention approach offered to clients at a program level, and indicate whether clients can expect to change aspects of knowledge, skill, feeling, or a combination of these. Service objectives are usually academically constructed, as they aim to define the testable assertions that a program is based on (in this case, Minuchin's Structural Family Therapy Model, Cornell's Empowerment Model, and Ecological Systems Theory). For Goal 2 of the In-Home Family Preservation Services, the five objectives relate to improving family functioning. Their emphasis is: client satisfaction, increasing client access to community resources; increasing natural support networks; increasing parental effectiveness in child management; and reducing or modifying destructive behaviors.

Practice objectives. Practice level objectives are developed for case-level (i.e. individual family) functions. They serve to integrate the theory base of the program objectives with treatment practices. Practice objectives are constructed by each practitioner in consultation with the family. In the In-Home Family Preservation Services, each family works with the program worker to define these objectives, as well as indicators of success; these are written up into a family service plan. The family service plan is regularly reviewed by the family and the worker. These practice objectives are congruent with the program objectives, but are more specific to the unique needs of each family. For example, a family may report needing help with establishing bedtime routines. This practice objective fits under Service Objective 2.3, increasing parental effectiveness in managing child behavior.

Practice activities. Practice activities are the actions or behaviors that move a client and practitioner toward the accomplishment of a practice objective. These are the

concrete actions that are taken by the family and the practitioner to improve family functioning, such as teaching, providing information, modeling, and so on. In the In-Home Family Preservation Services, practice activities are the interventions the program worker would use to support the family in reaching their practice objectives. An example would be educating the family regarding bedtime routines, and then assisting them to set up a routine that would work in their home.

Table 1.0, beginning on the next page, provides a representation of the linkages between program theory, program objectives, and practice objectives and activities. This table also includes measures that will be included in the program evaluation.

Table 1.0 In-Home family Preservation Services – Service Conceptualisation

Objective	Program Level		Case Level	
	Theoretical Foundation	Measures	Examples of Practice Objectives	Examples of Case Activities
2.1 To have 90% of clients experience the In-Home Family Preservation Services a beneficial and supportive service.	• Empowerment Therory	Client Satisfaction Survey (Not included in the proposed evaluation.)	N/A	N/A
2.2 To help families increase their access to community resources.	• Systems Theory • Empowerment Theory Family members learn to met their basic needs by negotiation for community resources. If, for example, a mother is unable to pay her rent and has not job, she will be unable to discuss interpersonal problems. (Kaplan, 1986). Helping family members interact productively with external systems is just as important as helping them learn to live with each other. Families can be aided in negotiating the maze of community resources (housing bureau, day care centres, schools, etc.) In some cases, simply making families aware of resources is enough. In others, families may need help accessing and initiating the services to ensure that they understand the process and are supported in their continuing use of services (Berry, 1997).	% of families who increase access to community resources as measured by Goal Attainment Score (GAS).	To connect Mrs. Jones to the local housing registry so that she can be put on a waiting list for low-cost housing.	Accompany Mrs. Jones to the housing registry and encourage/support her as she goes through the process.

2.3 To help families increase their natural support networks.	• Systems Theory • Empowerment Theory Maltreating parents are likely to have few and / or weak coping resources, particularly social support. They are isolated from social networks and other sources of modelling and support. Their resources deficits and stressors contribute to family tension and a way of life that promotes antisocial and aggressive behaviour (Berry, 1997, p.58) Helping families to develop and increase supportive networks can aid in diffusing stress (Berry, 1997).	%of families who increase their natural support networks as measured by GAS.	To increase Mrs. Jones' ability to discriminate between positive and negative social supports.	Assess Mrs Jones' ability to differentiate positive and negative support; discuss strategies to increase positive supports.
2.4 To increase parent's effectiveness in child management so that "acting out" behaviour, outbursts, and temper tantrums of children will be reduced.	• Minichin's Structural Family Therapy • Empowerment • Systems Theory Sometimes parents have not control over their child; thy do not know how to set limits. They may, on the other hand, be too controlling, thereby not permitting the child to be independent. Working closely with the parents takes the focus off the child and benefits the family as a whole, Skills learned by the parents benefit all of the children. The more competent and self-confident the parents, the healthier the children (Kaplan, 1986).	%of families who increase their natural support networks as measured by GAS.	To increase knowledge of acceptable child discipline strategies.	Discuss views on discipline; model appropriate child discipline behaviours; coach parents in using new parenting techniques.

2.5 To reduce or modify destructive behaviours in families (eg. physical abuse, violence, arguing).	• Minichin's Structural Family Therapy • Empowerment • Systems Theory In most multi-problem families, uncontrollable anger is a problem for at least one family member. The aim of family therapy is to help people who are angry learn to get their needs met without anger. This may involve teaching assertiveness skills, helping people to clarify their values and teaching of problem solving and parenting skills (Kinney, Haapala & Booth, 1991).	%of families who increase their natural support networks as measured by GAS.	To increase Mrs. Jones' ability to generate options under stressful conditions.	Apply problem-solving to job finding; explore the nature of Mrs. Jones' main coping strategies; discuss how different coping techniques can produce different outcomes; reframe perspective of problem.

Part IV: Objectives of the Evaluation

Comprehensive outcomes evaluations typically include both process and outcome measures (Rossi, Freeman & Lipsey, 1999). Such evaluations require extensive time and resources. Given the somewhat urgent need to demonstrate positive outcomes (in order to continue to receive funding from regional Child and Family Service Authorities), and given the relative time and financial constraints (there are no additional funds or hours of service given to the service provider to maintain a client outcomes system) such an evaluation is not feasible.

The evaluation of the In-Home Family Preservation Services was designed to occur in two stages: first, a relatively modest evaluation involving pre- (entry to the program) and post- (discharge from the program) measurement of family functioning. This is the intent of the evaluation presented herein. Second, a comprehensive outcome evaluation that includes an in-depth process evaluation should be carried out. Proceeding with the first stage, yielded a measure of the service's success at increasing family functioning. Although the second stage of evaluation has been undertaken it is not included in the thesis. This second stage will provide rich information about which practices are effective, with which types of families, and which practices are not, and will thereby add to the information base that will further improve the quality of service provided by the In-Home Family Preservation Services.

The research questiondeveloped for this study relates to the first stage: to measure changes in family functioning resulting from participation in the In-Home Family Preservation Services. Goal One, the prevention of placement has not been evaluated, for two reasons. First, the prevention of placement is currently being tracked by The Ma'Mowe Capital Region Child and Family Services Authority but this data is only

collected six months after client discharge from the program and is therefore not appropriate given the time period allotted for this study. Second, the literature strongly supports evaluation of family functioning, given the problems with focusing only on placement statistics.

Objective 2.1 of Goal 2, which focuses on client satisfaction with the program, could be evaluated at a later, second stage, as part of a comprehensive process evaluation. The proposed evaluation, then, will focus on program objectives 2.2 through 2.5, which focus specifically on elements of family functioning.

The unit of analysis for the evaluation study was all families entering the program over a seven-week period, from May 17, 1999 to November 30, 1999. Over this period of time, 111 families were admitted to the program, and they constituted the evaluation study sample.

Objectives of the evaluation were to:

1. To document program outcomes in terms of change in family functioning (as viewed from the individual whose score rates the family functioning as being the most problematic).
2. To document the extent to which families attain Objectives 2.2 through 2.5.

Objective 2.2. To help families increase their access to community resources.

Objective 2.3 To help families increase their natural support networks.

Objective 2.4 To increase parents' effectiveness in child management so that "acting out" behavior, outbursts and temper tantrums of their child(ren) will be reduced.

Objective 2.5. To reduce or modify destructive behaviors in families (e.g. physical abuse, violence, arguing).

Evaluation Question

The key evaluation question for the proposed evaluation is:

> Is there an increase in family functioning (as viewed from the individual whose score rates the family functioning as being the most problematic), between the time a family enters the In-Home Family Preservation Services (pre-test), and the time the family is discharged from the Service (post-test).

The evaluation will also compare the responses, to the pre and post-test, of the families who are status with those who are not status. It will also compare the number of hours of service provided to the family and the length of time the family was involved in the program. Comparing this data will give important information regarding whether offering services before the risk in the family is determined to be high thus becoming "status", is more effective in facilitating improvements in the family's functioning. This information is important when considering offering services to the families before they need to get involved with child welfare, to the extent that a file is opened, is helpful. In addition, this study could have policy implications for early intervention/prevention service delivery.

Part V Evaluation Methods and Procedures

Evaluation Design and Method

For the purpose of this evaluation, the method used will be quantitative in nature, and will be outcomes based. Quantitative methods were chosen because of their relative ease for workers to administer, and for ease of analysis. The evaluation will focus on the program's effectiveness in strengthening family functioning.

Control group evaluation designs are highly desirable because they offer a

"neutral" group that does not receive the treatment as a comparison group for those who do receive the treatment. However, in the case of the In-Home Family Preservation Services, it is unethical to have a control group that does not receive treatment. All participating families are directly referred to the program by The Ma'Mowe Capital Region Child and Family Services Authority. For families with Child Welfare Status, participation in the program is mandatory if the family wishes to maintain intact. For "non-status" families participation is voluntary, but they are informed by the child welfare worker that if they refuse involvement there will be more intrusive measures (such as opening a child welfare file) will be used the next time they become involved with the child welfare system.

A pre-experimental design, namely the One Group Pretest-Post-test Design (Campbell & Stanley, 1963) will be used for the purposes of this evaluation. The essence of this design is that measures are taken upon entry to the program (pre-test measures). These are compared to the same measures taken at the time of discharge from the program (post-test measures). Two sets of measures are proposed: family functioning, and attainment of program objectives. More detail is provided about these measures in the next section.

	Pre-Test	Treatment	Post-Test
All Families	0_1	X	0_2

Table 2.0 The One Group Pretest-Posttest Design

Evaluation Measures and Data Collection Procedure

Currently, no standard measures are consistently employed to evaluate the outcomes of family preservation programs. Taken individually, each evaluation tool may only imprecisely measure a program's goal achievement. When combined with others, however, the result may be a valid overall yardstick (Raschick & Critchley, 1998).

Two sets of pre- and post- measures will be included in the proposed evaluation study: a standardized and well-tested family functioning assessment tool, the FAM III, developed by Skinner, Steinhauer and Santa-Barbara (1995); and four "Goal Attainment Scales" developed by the evaluator specifically for this evaluation. In addition, descriptive client data will be collected, including demographics (i.e. age, type of family: single parent, blended, both parents, grandparents, etc.), and presenting problems (i.e., abuse (physical, emotional, sexual), mental health problems, addictions (drugs, alcohol, gambling), brain-injury, neglect, parent-teen conflict, etc.). This data is routinely collected by the program, and stored in a database. FAM III and GAS scores for each family will also be entered in this database. Data were collected by the agency staff who are providing service to the family, during regularly scheduled sessions in the family's home. This helped to avoid additional costs to the program.

Program Workers as Data Collectors

Berry (1997) states that many evaluations of family preservation programs are fruitless when they are done by general evaluators who have little understanding of the program being evaluated. In the Homebuilders model, workers are considered to be "personal scientists" who engage in both practice and research simultaneously (Blythe, 1990). This is not only efficient in terms of the cost of expert evaluators, but also

appropriate because workers are in the best position to understand the complexity of family preservation services (Berry, 1997).

Workers of the In-Home Family Preservation Services are familiar with evaluation practices. They participate in regular evaluation meetings with peers and supervisors, and they work with families to evaluate progress on achieving goals. In consideration of this, and in consideration of the restricted budget for this evaluation, front-line workers were used to collect the evaluation data (see Ethics in Part III re: confidentiality). In order to train workers to collect data, two days of professional development for program workers were held. The first day was used to discuss the need for program evaluation, present the evaluation design, and negotiate roles and responsibilities, as well as criteria for success. The second day was used to develop skills in helping families to fill out the FAM III assessment tool and the Goal Attainment Scoring (GAS) worksheets (see "evaluation measures" later in this paper). The program workers administered the evaluation tool during the second or third session with the family in their home. The workers explained the purpose of the evaluation to the family members. The family was informed that the tools were being used to evaluate the effectiveness of the program and to assist in determining what areas the family may require support in. The evaluation tools are an important part of determining treatment for the families. Again this is an effective method of ensuring that the tasks the workers and family undertake have an important purpose in the determining the work the family will do, not just another piece of paperwork to fill out that has no meaning to them. All family members filled out the questionnaires if they were over the age of ten. The families appeared to be interested in the results and curious about the information that the tool might provide about their family. Al members welcomed the opportunity to fill out

the form and give their own opinion about how they saw their family operating. An external evaluator was accessed design and facilitate the workshop days. The external evaluator also assisted in providing some objectivity to the evaluation project. An administrative assistant also received training regarding data entry of the FAM III and GAS data.

The Family Assessment Measure (FAM)

The FAM (Skinner, Steinhauer, & Santa-Barbara, 1995) is a self-report instrument that provides quantitative indices of family strengths and weaknesses. The FAM is based on a Process Model of Family Functioning that integrates different approaches to family therapy and research. The basic concepts assessed by the FAM include: task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms. All family members older than age 10 fill out a questionnaire. Each family member rates the family as a whole (overall rating scale). The FAM has undergone extensive testing for reliability and validity. The FAM scales are ideal for monitoring family functioning over time or during the course of treatment and will be used in this study. (See Appendix C for a sample of the FAM assessment tool.)

When developing the FAM the items from each scale were administered to 433 individuals who represented 182 clinical and non-clinical families. Each individual was asked to answer each item for his or her family as a whole. Statistical analyses were conducted which examined the discriminatory power of each item, scale reliability, inter-correlation among scales, and influence of response style biases. The median internal consistency reliability was substantial at .93 for the 30-item scale and .87 for the 10-item

scale. The FAM also significantly differentiated between the clinical and non-clinical families. A briefer 115-item instrument was developed (the FAM II) but feedback indicated a need to provide more differentiated information about areas of family functioning. From this feedback the FAM III was created. Preliminary analyses conducted on the FAM III used a heterogeneous sample of 475 families (N = 933 adults, n = 502 children) that were tested at various health and social settings in the Toronto area. Again the internal consistency reliability was .93 for the General Scale, which will be used in this evaluation. The FAM has been used with many different types of samples. These research samples include; families with children with cystic fibrosis; families with children with mentally handicaps; foster families and their foster children; families with alcoholic fathers; families including a clinically depressed father; families with an adolescent diagnosed with schizophrenia; families with a child suffering from anorexia nervosa; and families with a child suffering from bulimia nervosa. When the FAM is compared to other instruments that measure family functioning such as FACES (the Family Adaptability and Cohesion Evaluation Scale), FAD (Family Assessment Devices), and FES (Family Environment Scale) it was found to have high and significant correlations, providing support that the FAM is measuring family functioning. (Skinner, Santa-Barbara, & Stienhauer, 1995).

When using the FAM General Scale to determine effectiveness of treatment researchers either compared the pre and post scores of all family members in all categories of measurement (i.e. task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms), or they chose the pre and post score of one family member to use in the comparison. For families where there was a diagnosis from the DSM III the researchers used this family member's score. For

families where there was no diagnosis they used the score of the person who rated the most problematic in the testing categories as listed above. For the purpose of this research project the person's score that rated as being most problematic was used. The rationale for choosing the most problematic score was that, the in-home family preservation services were provided to families who may or may not have a member who has a DSM III diagnosis. Although the treatment may not focus on the person with the most problematic score, the results of the clinical tests showed an improvement in the rating of all family members. But when choosing the method of comparing all family members' scores in all the categories the ratings where very different between family members and this became a complex method of demonstrating the effectiveness of the services provided. (Skinner, Santa-Barbara, & Stienhauer, 1995).

The Goal Attainment Scaling Measures

Goal attainment scaling has been used successfully in many family preservation programs to monitor client progress (Blythe, 1990; Kinney, Haapala & Booth, 1991). Goal Attainment Scaling (GAS) was first developed by Kiresuk and Sherman (1968, cited in Kinney, Haapala, & Booth, 1991) as an evaluation method for community mental health centers. The Homebuilders program, for example, uses GAS to clarify client goals, to retain an accurate index of events for record keeping purposes, and to assess whether change or progress is occurring in any one area of concerns (Kinney et al, 1991). The potential outcome levels are represented numerically by +2, +1, 0, -1, and 2. The qualitative differences of these ratings are as follows:

GOAL: Statement of specific goal.

+2 = Best anticipated success

+1 = More than expected success

0 = Expected success

-1 = Less than expected success

-2 = The most unfavorable outcome likely

The services have adapted the Homebuilders model to the In-Home Family Preservation Services, incorporating the four program objectives that relate to increases in family functioning: increasing access to community resources; increasing natural support networks; increasing parental effectiveness in managing child behaviors; and reducing destructive behaviors (see Table 2.0). (Hence, the word "goal" in "goal attainment scaling" actually refers to the program objectives). Program workers asked the family to rate themselves according to these objectives upon entry to the program, and again upon discharge. The program workers are trained to help families to see how their unique goals (practice objectives) are related to the broader program objectives. This assists families to see that many other people are experiencing similar difficulties. The evaluator tracked progress made by families on each of these four measures, and the percentage of families achieving the objectives will be calculated. See Appendix C for example of Goal Attainment Scale.

Data Analysis Procedures

FAM III scoring. For each questionnaire filled out, the score is summed and then converted to a T-score using the conversion table on the scoring page. T-scores provide a means of comparison with a reference group. They have a mean of 50 and a standard deviation of 10. If an individual's raw score converts to a T-score of 50, the individual is responding at the average of the reference group. These scores allow one to gauge

responses in terms of how they compare with what are "typical" or "average" responses. T-scores higher than 50 indicate more than average family difficulties, and T-scores lower than 50 indicate less than average family difficulties. Table 3.0 presents criteria for interpretation of the Brief FAM scores.

T-Score	Assessment of Family Functioning
65 or above	Problematic
56 to 64	Increasing Problems
45 to 55	Average
36 to 44	Increasing Strengths
35 and below	Excellent

Table 3.0 Interpretation of Brief FAM scores

Pre-test and post-test results of the FAM III scores are analyzed at two levels: at the discrete level (i.e., individual family); and at the aggregate level (i.e., all family scores together).

At the family level, the family member whose questionnaire shows the highest problematic score will be used to represent that family. This score will be compared to the family's computed score of the post-test (at discharge) using a t-test. Scores for status versus non-status and individual family ratings will be tracked. Statistical significance will be ascertained. Raschick and Critchley (1998) note that intensive family preservation program researchers have traditionally used the .05 significance level. They note further that statistical significance can be particularly problematic in family preservation research. These services appear to have "small" enough effects to be indiscernible to the small sample sizes that are particularly available in site studies (Rossi, 1993, cited in Raschick & Critchley, 1998). This has led some experts to argue

for more non-statistical analyses of family preservation program effectiveness (Pecora et al. 1995, cited in Raschick & Critchley, 1998). For purposes of this evaluation, the .01 significance level will be used; and clinical significance (i.e., is the change resulting from the program significant in terms of family functioning) will be considered as a valid indicator of success reference (Berry, 1992). It is recommended that beyond the evaluation time frame, FAM assessments continue to be performed and documented in the program's database. Over time, a large enough sample to justify statistical analysis will accumulate.

Goal attainment scaling. Goal attainment scaling will be assessed through an analysis of the GAS sheets for each family. The scores from the GAS sheets will be converted to a T-score. Criteria for success is 90% of participating families will show improvement as shown by T-score comparison form pre and post GAS sheets.

Summary of measures that will be reported. Measures that will be reported include:

1. Demographic data - kinds of families who participated in the study, as well as their presenting problems.
2. FAM Scores

   *** Family Functioning in relation to the FAM Scores will be represented by the individual whose score rates the family functioning as being the most problematic. ***

2.1 Overall family functioning rating scores aggregate level:

"pre" measures (aggregate score – all individual's scores who rated the family functioning as most problematic), compared to "post" measures (aggregate score - all individual's scores who rated the family functioning as most problematic) with

statistical analysis (t-test).

2.2 Overall family functioning rating scores aggregate level as indicated by status and non-status families:

"pre" measures (aggregate score - all individual's scores who rated the family functioning as most problematic, status and non-status families' scores in separate groupings), compared to "post" measures (aggregate score - all individual's scores who rated the family functioning as most problematic, status and non-status families' scores in separate groupings) with statistical analysis (t-test).

3.0 Goal Attainment Scaling

% of families (as represented by the individual who rated the family functioning as most problematic) who showed improvement toward reaching the goals in each of the four objectives (2.2 through 2.5).

4.0 Program Involvement

comparison of length of time (number of weeks) the family was involved in the program with the FAM scores and the number of hours of services provided to the family while they were in the program with the FAM scores.

Evaluation and Design Limitations

Pretest - Posttest evaluation designs are subject to a number of threats to internal validity (whether or not the evaluation is actually measuring results that are a direct result of the program). These limitations are well documented by Campbell and Stanley (1963), and include history, maturation, and the effect of testing. Without having a comparison group that does not participate in the program, one is left to determine whether the program actually was responsible for changes in family functioning, or whether any

changes were due to other change producing events which may have occurred concurrently with the program (history). Furthermore, children grow and develop over time, and this growth and development may be responsible for changes in family functioning (maturation). This effect of maturation should not affect the study results in any significant way, given the short time period of therapy.

As described in the beginning of this section, this evaluation will yield a measure of the program's success at increasing family functioning. It will not, however, yield the detailed data that will inform a greater understanding of the program's processes - which interventions are working, and which are not, for example. To achieve this level of understanding, a more detailed and comprehensive evaluation is required. I recommend that once continued funding for the program is received, a second stage, consisting of a more comprehensive evaluation that includes an analysis of program processes, should be performed.

Ethics

All families participating of the In-Home Family Preservation Services signed a consent for release of information upon entry into the program. For this evaluation, all clients who are admitted to the program will be invited to participate in the evaluation. If they agree, they will be required to sign the "Consent to Participate in Research" (see Appendix D). Agency staff are required to sign an "Oath of Confidentiality" (see Appendix E) when they begin their employment with the agency. The evaluation is not anticipated to cause ill effects to the participants. Confidentiality in reporting will be strictly maintained.

Part VI Results

Introduction

The evaluation of the In-Home Family Preservation Services included 111 families. In the Family Based Treatment Program, 39 families received services. These families have open child welfare files, previously referred to as "status" families. Seventy-one families received services from the Diversion Program. These families do not have open child welfare files, previously referred to as "non-status" families.

1. Family types and Presenting Problems. The family types included in this particular group included, single parent, 2 parents (both biological parents), step, blended, and extended family members caring for the children. Table 4 shows the percentage of each family type that was found in the groups as divided by status and non-status.

Family Types	Status	Non Status
Single Parent	33%	68%
2 Parents (both biological Parents)	16%	20%
Blended	19%	6%
Adoptive	23%	3%
Extended	9%	3%

Table 4 Percentage of Family Types found in the Status and Non-Status Categories

The information in Table 4 shows that for non-status families single parent families were the most prominent family type. Two biological parent families were the

second most prominent family type to receive services. For status families the single parent was again the most prominent but at a much lower percentage than in the non-status category, (non-status = 68%, status = 33%). For the status families the percentages for the next categories were fairly similar (adoptive = 16%, blended 19%, and 2 biological parent = 16%.

Presenting problems or issues that precipitated the referral included; neglect, anger management issues for the parents, lack of parenting skills, mental health issues for both the parents and the children, disabilities, parent/teen conflict, physical abuse, verbal abuse, sexual abuse, spousal violence, inappropriate sexual behaviours displayed by the child, addictions, suicide risk (parent), and transitional issues as a child was moved from foster care to the care of extended family members. Table 5 shows the presenting problems reported per family at the time of the referral. Table 6 shows the number of times each of these issues were cited at the time of the referral. Again the groups are divided between status and non-status.

Number of Presenting Problems/Family	Status	Non Status
1	11%	77%
2	58%	17%
3	20%	6%
4	11%	0%

Table 5 Number of Presenting Problems in Families for the Status and Non-Status Categories

The number of presenting problems that the families enter the program with varies

between the status and the non-status categories. The families in the non-status category enter the program with only one presenting problem 77% of the time and there were no families entering with 4 or more presenting problems. In contrast the families in the status category most often entered with 2 presenting problems at 58% of the time. Families in the status entered the program with 4 presenting problems 11% of the time, which is, just as often as they entered with 1 presenting problem.

Table 6 lists the presenting problems and the percentage of times the presenting problem was identified for the status and non-status categories.

Presenting Problem	Status	Non Status
Physical Abuse	20%	9%
Parent/Teen Conflict	18%	16%
Parenting Skills	11%	53%
Addictions	11%	7%
Spousal Violence	9%	0%
Sexual Abuse	7%	0%
Neglect	4%	5%
Mental Health Issues	4%	0%
Inappropriate Sexual Behaviour	4%	0%
Verbal Abuse	2%	5%
Suicide Risk	2%	0%
Disabilities	2%	0%
Transition from Foster Care	2%	0%
Anger Management	0%	2%

Table 6 Percentage of Presenting Problems for the Status and Non-Status Categories

Table 6 clearly shows that for families in the status category there was a much larger range of presenting problems. The non-status category noted only 6 different presenting problems as compared to 13 for the status category. In the non-status category, lack of parenting skills was the most noted problem at 53%. The second

highest was parent/teen conflict at 16% and the third highest was addictions at 7%. For the status families the most noted presenting problem was physical abuse at 20%. The second highest at 18% was parent/teen conflict. Third highest percentage was 11% and both addictions and a lack of parenting skill were represented here. Spousal violence was the next most prominent issue at 9%.

Not only was there a wider range of the types of presenting problems in the status category, the severity of these problems showed a wide range also. In the status category the presenting problems ranged from parent/teen conflict and lack of parenting skills, which are viewed as low risk issues, to sexual abuse and suicidal risk, which are seen as high risk issues. In the non-status category the range of presenting problems was smaller and the problems were less severe with the exception of physical abuse. Physical abuse as a reported problem can have a wide range of severity, for example the pulling of a child's hair to the breaking of a child's bones. Physical abuse as a presenting problem in the non-status category is most likely of lesser severity.

2. FAM Scores

Family Functioning in relation to the FAM Scores will be represented by the individual whose score rates the family functioning as being the most problematic. Example: A family of four. The family consists of, two parents and two children over the age of 10. Their FAM scores are as follows; Mother = 70.4, Father = 64.2, Child #1 = 69.5, Child # 2 = 63.5. In this case the Mother's score is the highest and this means she is the member of the family who sees the family situation as most problematic. This is the score that is used when calculating the data.

The FAM scores are presented to include the following measures.

a. Family functioning scores aggregate level:

highest was parent/teen conflict at 16% and the third highest was addictions at 7%. For the status families the most noted presenting problem was physical abuse at 20%. The second highest at 18% was parent/teen conflict. Third highest percentage was 11% and both addictions and a lack of parenting skill were represented here. Spousal violence was the next most prominent issue at 9%.

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The FAM scores are presented to include the following measures.

a. Family functioning scores aggregate level:

"pre" measures (aggregate score – all families as represented by the individual who rated their family functioning as most problematic), compared to "post" measures (aggregate score – all families as represented by the individual who rated their family functioning as most problematic),with statistical analysis (t-test).

b. Family functioning scores aggregate level as indicated by status and non-status families:

"pre" measures (aggregate scores – all families as represented by the individual who rated the family functioning as most problematic), status and non-status families' scores in separate groupings), compared to "post" measures (aggregate scores – all families as represented by the individual who rated the family functioning as most problematic), status and non-status families' scores in separate groupings) with statistical analysis (t-test).

When all the families' scores were examined there was positive change noted in the functioning all families. Table 7 shows the statistics for the "pre and post" scores for the families. The scores, which represent average family functioning for the FAM, are between 45 to 55. 56 to 64 represent increasing problems and, 65 and above represent problematic family functioning. The score from 36 to 44 show increased strengths, and those from 35 and below represent excellent family functioning.

PROGRAM			FAMPRE	FAMPOST
Non-status	N		71	71
	Mean		62.1159	55.114
	Minimum		42.00	37.00
	Maximum		89.00	76.00
	Percentiles	25	57.0000	49.0000
		50	62.0000	54.0000
		75	67.5000	59.5000
	Std. Deviation		8.59469	7.69290
Status	N		39	39
	Mean		60.7143	54.4762
	Minimum		39.00	35.00
	Maximum		80.00	79.00
	Percentiles	25	56.0000	50.5000
		50	62.0000	54.0000
		75	67.0000	58.7500
	Std. Deviation		9.01025	9.18174

Table 7 Statistical Analysis of FAM "Pre and Post" tests

The comparison between the FAM scores for the status and the non-status categories demonstrate, for both the "pre and post" tests that the families in the status category scores are higher. This means the non-status families viewed the issues in their homes to be more problematic then the families in the status category. This bares noting because as previously discussed before the status families are the families, which have open child welfare files and have been assessed by the child welfare system as having more serious issues than the non-status families. The possible reasons for this will be addressed in the Discussion part of this document. All families demonstrated some positive change. Keeping in mind, that a FAM score from 45 to 55 shows average family functioning, we can see that for status families just under 25% of the families fit this range at the "pre" test but at the "post" test this had increased to 50%. The average score for the status category had dropped from 60.7 to 54.5, a total of 6.2 points, moving from the "increased problems" category to the "average family functioning" category. For the non-status families the results were similar with just under 25% of the families fitting in

the "average family functioning" range at the "pre" test and 50% of the families fitting into this category at the "post" test. The average score for the non-status dropped from 62.0 to 55.1, a total of 6.9 points, again moving from the "increased problems" category to the "average family functioning" category.

When "pre and post" scores of aggregate family functioning were compared using the t-test (2 tailed), both the non-status and the status showed a significant amount of change, non-status ($\underline{M}$ = 6.9155, $\underline{SD}$ = 7.14692), $\underline{t}$ (n 71) = 8.132, $\underline{p}$< .000, status ($\underline{M}$ = 6.2564, $\underline{SD}$ = 6.75791), $\underline{t}$ (n 39) = 5.782, $\underline{p}$< .000. The service provided to families, whether they where in the status or the non-status category was effective in assisting them to create some positive change in their family functioning.

3. Goal Attainment Scale Scores

As outlined in the previous part of this thesis the objective for this research project was to report what percentage of families in the status and non-status categories showed some improvement toward the program objectives outlined in the Goal Attainment Scales.

The Goal Attainment Scale tools were used to determine if the services were assisting families to improve in the issues outlined in the program objectives. The objectives outlined in the Goal Attainment Scales included, increasing community and natural support systems, as well as increasing parental effectiveness. The Goal Attainment Scaling was part of the evaluation plan for the Family Based Treatment Program. The information collected assists the program to know if it is meeting the objectives prescribed by the funder, who in this case is the Children's Ministry. But the GAS scores where not part of the information required to respond to the research objectives of this thesis project. The reporting of this information is limited to the % of

families who reported improvement in reaching the objectives.

Ninety-five percent of the Non-status families and 100% of the Status families showed some increase in their scores between the "pre and post" Goal Attainment Scales.

4. Program Involvement

The data that were collected in this area is often referred to as "outputs". As outlined in the literature review this type of data is historically the only information that was often collected on programs such as these. Examples of "output" information are; number of families served, number of home visits completed, number of weeks the family was involved in the program. For this research project we are most interested in the length of time (number of weeks) the family was involved in the program and the number of hours of service the family received while they were involved in the program.

The data outlined in this area is a comparison of the length of time (number of weeks) the family was involved in the program, the number of hours of service provided to the family while they were in the program, and their FAM "pre and post" scores.

Program		FAMPRE	FAMPOST	# of hours	# of weeks
Non-status	N	71	71	71	71
	Mean	62.0282	55.1127	59.8838	20.5915
	Minimum	42.00	37.00	8.50	5.00
	Maximum	89.00	76.00	275.00	57.00
	Std. Deviation	8.61390	7.58674	39.22717	11.1938
Status	N	39	39	39	39
	Mean	60.7179	54.4615	85.8077	20.1538
	Minimum	39.00	35.00	11.25	4.00
	Maximum	80.00	79.00	236.00	43.00
	Std. Deviation	9.06685	9.50304	58.56815	10.7373

Table 8 FAM "Pre and Post" scores and Program Outputs

The data from Table 8 shows that there is some difference in the number of hours of service used between the status and non-status categories, non-status M = 59.8838,

status M = 85.8077, for a difference of 25.9239. The minimum number of hours did not show a large difference, non-status minimum = 8.50, status minimum = 11.25. The maximum number of hours did show a difference of 39 hours. The number of weeks or the length of time the families received service was not different between the categories of status and non-status. For non-status M = 20.5915, status M = 20.1538. The status category showed the minimum number of weeks the families were involved in the program to be 4, and the maximum to be 43. The non-status category showed the minimum number of weeks the families were involved in the program to be 5, and the maximum to be 57.

When compared, the length of time the families were involved in the program for both categories showed little to no difference. As noted above there was a difference in the number of hours of service provided to the families in the different categories. Further investigation was completed to compare this data with the FAM scores. A pattern did appear when families' "pre" scores for each category were compared with the number of weeks the families remained in the program. For the non-status category the lower the "pre" score the fewer weeks they remained in the program. The following numbers represent the number of weeks the families were involved in the program followed by the average "pre" scores of the families that were involved in the program for that length of time. (0-12 weeks = M 59.4, 12-24 weeks = M 60.5, 24-36 weeks = M 64.7, 36-48 weeks = M 70.4). Lower "pre" scores means the families rated their functioning as better than those with higher scores. The pattern that appears to be established shows that the higher the family rates their functioning the shorter the length of time they will be involved in the program. This pattern has service provision implications which will be discussed in the next part. For the status category the pattern was not visible and would

require further investigation into the nature of the referral problems and service provided for better understanding. (0-12 weeks = M 63.0, 12-24 weeks = M 60.8, 24-36 weeks = M 57.4, 36-48 weeks = M 63.6).

Summary of Results

The most often occurring family type in both the status and non-status categories was the single family. However the proportion was higher for non-status families than for status families. Families in the status category entered the program with 2 or more presenting problems while those in the non-status category entered the program most often with only 1 presenting problem. The status category had a wider range of the types of presenting problems that were identified at the time the referral was made. The most often occurring presenting problems for the non-status category, were lack of parenting skills and parent/teen conflict while for the status category it was physical abuse, parent/teen conflict, lack of parenting skills and addictions as the most noted presenting problems.

The FAM scores of the "pre" test for the non-status category were higher then the same scores for the status category. All families in both the status and non-status categories showed positive change in their family functioning based on the "pre and post" test scores. The statistical analysis of these scores showed that the change that did occur for both groups was statistically significant.

The GAS scores showed that all families in the status category showed some positive change toward the program objectives, as did a high percentage of the non-status category. These results show that almost all the families demonstrated some improvement in meeting the objectives that were developed for the program by the funders. These objectives were as follows;

- Increase access to community resources
- Appropriate use of natural support networks
- Increase parental effectiveness in the management of "acting out" behaviours of the children
- Modify and reduce destructive behaviours (for status families)
- Modify communication skills to enhance parental effectiveness (for non-status families)

There was an average of 26 more hours used by the status families than the non-status families during their involvement with the program. Also, the non-status families remained in the program for longer the high their "pre" test scores were.

Part VII Discussion of Results and Conclusion

Introduction

Part VII will include a discussion of the results and conclusions derived from the data analysis. Implications for further research, service providers, and policy are presented.

Discussion of Results

The purpose of this study was to determine if there was a difference between status and non-status families that have been provided Family Preservation Services. These differences were a measure of the change in family functioning, hours of service provided to the family and the length of time service was provided to the family. Family functioning was viewed from the perspective of the individual whose family functioning score rated as the most problematic at the time of the initial assessment (The FAM rating

scale uses the higher score as being most problematic). A high family functioning score indicates a higher perception of the family as problematic. The length of time service was provided increased for families with a score that rated family functioning as more problematic.

1. Family Types and Presenting Problems

The prevalence of single parent families in both the status and non-status categories in these results are similar to the information provided from other sources that sight studies of similar programs that provide family preservation services. In a survey of children and families served by a children's aid society in southern Ontario it was reported that 55.7% were single parent families (Holland & Tracy, 1999). An evaluation of family preservation services provided in northern California reported that the typical high risk family provided services by the program was headed by a young, single mother (Berry, 1992).

Within the general population in Edmonton 20% of families were single parent families in 1996 (Statistics Canada, 1996). The total number of families that would be involved in this particular family preservation program over the course of a year is approximately 800. As noted previously a total of 111 families participated in this study. From the data collected 45% of the 111 families were single parent families. As shown in the previous part, 33% of status and 68% of non-status families were single parents. Thus both the literature and the results of this study showed that a higher percentage of single parent families than would be expected were involved in family preservation services.

The total family population for the city of Edmonton is 161,615 (Statistics Canada, 1996). A very small proportion (.5%) of the cities total families may be

involved with this program. And even a smaller proportion (.06%) was involved in this study, which are approximately 9697 families.

In the literature reviewed the families who were provided family preservation services were involved in the child welfare system and had status. The types and number of presenting problems that were reported in this study were similar to those found in other reports regarding families involved in the child welfare system and or receiving family preservation services (Berry, (1999); Feldman, (1991); Holland & Tracy (1999); Schuerman et al., (1994) and Yaun et al., (1990). Researchers have noted; neglect, physical, verbal, and sexual abuse, family interaction problems and children with developmental delays or behaviour problems as the most frequently reported issues (in that order). On average 2 to 3 issues were reported at the time of referral (Berry, (1999); Feldman, (1991); Holland & Tracy (1999); Schuerman et al., (1994); and Yaun et al., (1990). Physical abuse was the most noted issue, with parent/teen conflict being the second most reported issue in this study. The third highest were lack of parenting skills and addictions.

Neglect was a more prevalent presenting problem in the literature than in this study. Referrals to the family preservation program used in this study did not have a high percentage of presenting problems, that noted neglect as an issue. This may be as a result of the child welfare workers perception of the services that the program can provide. For example they may see the services provided by the program as not capable of ensuring the safety of children who are experiencing neglect. The assumption may be made that if the neglect is severe, that it is better to remove the child to another living situation to ensure safety. If the neglect is not as severe the referral may be made citing the other presenting problems that may be the underlying issues leading to neglect. An example

of this may be a child being left alone for long periods of time because the parent is at work, trying to make money to provide for their family, but lacks an adequate support system that could provide child care. In this case the referral would be made to the program but the presenting problem might be noted as lack of adequate support systems.

Physical abuse was a presenting problem noted as high in both the literature and this study. Sexual abuse was noted as being more often a presenting problem in the literature than in this study. Again, this may be a result of the manner in which the child welfare workers assess the risk of a situation with sexual abuse as an issue. If the child welfare workers believe that children should be apprehended to protect them from further risk of sexual abuse in the majority of cases they assess, then there will be few families entering into the family preservation programs with the presenting problem noted as sexual abuse. On the other hand if the child welfare workers believe that the children should be maintained in the home with support given to the family members to assist in minimizing the risk of further sexual abuse then there will be more presenting problems noted as sexual abuse when families are referred to the family preservation services.

Family Interaction was noted as a presenting problem in the literature. In this study there was no category specifically named family interaction. The definition of family interaction could include some of the categories that were listed as presenting problems in this study. For example, parent/teen conflict and parenting skills may be similar to what the literature defines as family interaction issues.

In the literature, children with developmental delays, was also noted as an issue. In this study the family preservation services offered do not provide assistance to families with children with developmental disabilities. The Children's Ministry in this province has a separate department that is responsible for this area of assistance to families. The

families would not enter the child welfare system unless there were issues regarding the parents' ability to provide a safe environment for the child. If this is the case then the referral is made sighting the issues that the family is requiring support to maintain a safe environment. For example, a need for education regarding parenting skills or support system development may be sighted. An attempt is made not to label the disability as the problem, but rather to determine what is needed to cope appropriately with this life situation.

From this discussion it becomes apparent that similarities and differences between the literature and this study regarding presenting problems could be as a result of the definitions of the issues reported, and the assessment of severity of risk. The philosophical approach underlying child welfare work could also influence the type of referrals being made. A child welfare worker could believe in a philosophical approach that is based on the assumption that the best place to support children is in their home except for those cases where the risk is high. Then the referrals being made to the program by a worker may include some presenting problems that another worker might not refer. An example of this may be a referral where there was physical abuse and the child was physically harmed. The child welfare worker with the above noted philosophical approach might leave the child in the home with the service being provided at a high rate of hours per week and a strong focus on anger management skills and parenting skills. Another worker with a different philosophy might immediately remove the child. The family might then be required to take a parenting class and counselling to address the anger management issues. Once the parents complete the class and the counselling, the child may be returned home with support from the family preservation services. In the first scenario the presenting problems may be noted as physical abuse,

parenting skills and anger management. In the second scenario the referral may be made with the presenting problems noted as transition from foster care, parenting skills and anger management. The physical abuse would be noted in the referral information but may not be singled out as a presenting problem because of the time that has past and the perceived gains made by parents as a result of the class and the counselling they have completed. This example demonstrates how the philosophical approach effects the assessment of risk and how much support (hours of service) and what kind of support (classes or family preservation services) is given to families before children are removed.

The comparison of the status and non-status categories in regards to the type of presenting problems that were noted at the time of referral shows the status category having more severe problems than the non-status category. Families entering the Diversion program for non-status families should have less severe problems because their problems do not warrant opening a child welfare file. We can see this in the presenting problems for non-status families being less severe and presenting less risk to the child. For example the non-status families most reported issue was a lack of parenting skills as compared to physical abuse by the status families. The number of problems reported was lower, for the families entering the Diversion Program for non-status families. This also illustrates the severity of risk for the child being lower and demonstrates the appropriateness of the referrals. The presenting problems for the status families included a wider range of problems some of which presented high levels of risk. Examples of these are sexual abuse, suicide risk and physical abuse. The number of presenting problems was also high for the status category. These families entered the program with 2 or more presenting problems, but the non-status category families entered with only one

presenting problem 77% of the time. If status means that there is a high risk, the comparison of the presenting problems of the status and non-status families in this study does illustrate the appropriateness of the referrals being made to the two services designed for the status and non-status families.

2. "Pre and Post" Test Scores and Program Involvement

The comparison groups of status versus non-status could not be found in any the literature review by this writer. Family preservation services have historically been provided to those families that have child welfare status as a method of reducing placement. Thus comparing the actual results of this study to another similar to it can only be done in relation to the status families.

When the actual "pre and post" scores were compared between the status and non-status categories, it was noted that the "pre" scores were higher for non-status families than the status families. This means that the non-status families rated their functioning as poorer then the status families. These results appear reversed from what one might think they would find when comparing families with open files (status). Thus those families who have a higher risk of not being able provide a safe environment for their children perceived their family functioning as higher than did families with a lower risk. The difference was not statistically significant. One would think that the higher the risk the more likely the family would be functioning at a poorer level. Upon reflection of my experience working with both status and non-status families I could come up with only one explanation. Families who have an open file and are referred to family preservation services often have along history of child welfare involvement (Berry, (1999); Comer and Frazer, (1998). These families have often lived with the issues reported as presenting problems for some time. Thus they have a history of these types of issues becoming

familiar or used to these issues effecting their lives. This familiarity could lead to the families normalizing issues that others may see as severe. They may subsequently rate their family functioning from the perspective of "things not being that bad". The families who did not have status were often experiencing issues of this severity for the first time.

Another factor that may influence the non-status families thoughts about the severity of the problem is the perception they have about the Child Welfare system. Often families report they do not find the system supportive but rather punitive. Families report being scared that their children will be taken away. If this is the perception families have then it is possible they are quite scare initially and may think they are really not doing very well as a family, if the Child Welfare system has a reason to take their children from them. The combination of the severity of the issue from their perspective and their unfamiliarity with involvement with the child welfare system and the need to have an intrusive service such as family preservation in their home, may lead them to rate their functioning as very poor. This hypothesis would need some investigation before it could be validated.

As noted in the results, the change between the FAM "pre and post" test scores were statistically significant. Family functioning improved over the course of services for both status and non-status families. According to many researchers there is a need to consider outcomes other than placement to determine if the services provided are making a difference in families' lives (Berry, (1997); Raschick and Critchley, (1998); Whittaker and Tracy, (1990). The reasoning behind the call for measures, of outcomes, other than placement was based on the limitation of placement as a measure. Placement was seen as not being an adequate measure of effectiveness of service. Placement does not provide any information regarding the program's ability to assist families to make the necessary changes in their family functioning. Placement as the only measure of outcome does not

provide any information on the cost effectiveness of the service. This study does use an alternative method to placement to demonstrate the effectiveness of service. Within this study the FAM as a tool for "pre and post" tests was incorporated. This was completed to determine if there was a difference in the families function from the time services were started to the time services were completed. There was also reference to the need for a combination of both short term and long term placement information, family functioning information and program utilization information, to obtain a more comprehensive evaluation of the effectiveness of services (Kluger, Rivera, and Mormile-Mehler, (2001); Raschick and Critchley, (1998). Due the short time frame of this study, placement or family functioning information following discharge from the service was not obtained and would be helpful for determining if the services had a long term effect on maintaining the family unit and reducing placement. Information regarding the utilization of the program was collected. This information showed that status families used 26 more hours of family preservation services then the non-status families. When considering the cost of providing family preservation services, a reduced number of hours of family preservation services would mean a reduced cost to the agency and thus to the funding source, who in this case is the Alberta Government's Children's Ministry. Consideration should also be given to the increased costs of having a file open and status being given to the family. When a file is open or a family has status there is a child welfare worker involved with the family. The administration costs that accompany this process in addition to the cost of providing the family preservation services would be higher than if no file was open and status is not given.

The results of this study clearly show that if family preservation services are provided to families before they require an open file or status they use approximately one

third less hours of the service and show a statistically significant increase in family functioning. Thus a reduction of the cost of providing one third more hours of service and the costs incurred every time a file is opened for family. These results have huge implications for the reduction of cost to the funding source. For the same amount of dollars, agencies could be serve more families if services are provided before the risk to children becomes so great that a file needs to be opened. These results also have implications for policy regarding the provision of early intervention/prevention services. Policies that support the focus of the Child Welfare system on the entire family rather then on the needs of the individual child, or that support an increase in the accessibility of community resources for all families are example of the implications the information provided in this evaluation present. Further investigation is needed to understand what part of the services was helpful to the families. This will ensure that dollars allocated to family preservation services are being given to services that are understood to be effective in increasing family functioning and reducing the need for open files and the need for placement.

The results of this study also showed that for non-status families the length of time in the program was greater the poorer their "pre" score. This does seem very reasonable considering that families who enter the program with a lower score could require services over a longer period of time. If the score is lower it means that this individual perceives the family functioning to be more problematic. It may take a longer period of time to assist the family to address the issues the more problematic they are. This is important information to have when determining the case or service plan for these families. Again further investigation is needed to determine why the families remain with the service longer but the hours of service provided do not increase.

Conclusion

The comparison between the status and non-status categories in regard to "pre and post" tests showed that both groups experienced statistically significant change in their family functioning scores. The status families rated their family functioning higher then the non-status families at "pre" test. Although the difference was not statistically significant, it was a pattern noticed by this researcher and could be of interest as it related to the families perceived ability to address the changes that are necessary to improve family functioning. Families that are status use one third more hours of service then non-status. The evaluation requires more information about the families functioning after discharge to determine the long-term effectiveness of the service.

Further investigation is required to determine what was effective about the service provided and why families who are non-status see themselves as functioning poorer then the status families when in reality they are functioning at a higher level.

The comparison clearly indicated that providing family preservation services to families before the risk factors elevate to the point where a file needs to be open and status given, is effective in increasing family functioning and in decreasing the cost of child welfare services.

As with most research, the process of answering questions leads the researcher to discover other layers of the issue that require further investigation for a more complete understanding of the issue. In the case of this study further research to determine what exactly is the additional cost of a file being open and status given would be important. This information would provide further proof of the cost effectiveness of providing services to families before the risk elevates too high. Further research regarding what part of the family preservation services assisted the family in making changes to their

functioning would be helpful. Focus groups could be held with the families that are involved in the program to allow them an opportunity to give feedback about the program. This information would assist the administrators of the program to increase the program's effectiveness. Increased effectiveness of the program may also lead to a cost reduction. If the program is more effective in supporting families to make changes in their functioning than less hours of service may be needed. Finally more research is required to determine the long-term effect of the service on the family. Follow up information collected from the families after they have been discharged from the program would be helpful. For example the FAM could used with the family after 6 months and 1 year after discharge and the scores compared with those at the time of discharge to see if the level of family functioning remained the same. Determining if the family is able to maintain the gains made during their involvement in the program would be helpful in addressing the issue of recidivism of families in the child welfare system. Determining if there is a trend in the results could assist in planning for the future needs of the children and families. Policy that supports the need for ongoing maintenance for the families might be helpful. Families may see a decrease in functioning over time but may not require huge amounts of assistance to get back on track. A system that acknowledges this trend could set up accessible resources or procedures for the families to re-enter the program they were accessing before to again receive help they may require to address the current issues. Families would not be required to re-enter the child welfare system but could access the support they require. This also has implications of cost reduction to the funders of such programs and the Children's Ministry with regards to the cost of operating the child welfare department.

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Appendix A

Definition of Terms

Family: "the family is represented by two or more individuals, belonging to the same or different kinship groups, who are involved in a continuous living arrangement, usually residing in the same household, experiencing common emotional bonds, and sharing certain obligations toward each other and toward others (Johnson, 1992, p. 431)".

Family Functioning: For the purposes of this evaluation, the definition of basic family functioning tasks outlined by Skinner, Steinhauer, and Santa-Barbara (1995) will be used. These authors include the following concepts in their "Process Model of Family Functioning"

The successful achievement of a variety of basic, developmental, and crisis tasks.

Role performance: each family member has a specific role and duties; family members agree to these roles and family members actually carry out these roles.

Affective expression: the content, intensity, and timing of feelings involved in a situation

Communication: the achievement of mutual understanding, so that the message received is the same as the message intended.

Involvement: the degree and quality of family members' interest in one another, and the ability of family members to meet the emotional and security needs of family members, while at the same time, supporting family members' autonomy of thought and function.

Control: the process by which family members influence each other.

Values and Norms: the degree to which family members' values are aligned. Important elements include whether family rules are implicit or explicit, the latitude or scope allowed for family members to determine their own attitudes and behavior, and whether

family norms are consistent with the broader cultural context.

Intensive family preservation programs: Typically, intensive family preservation programs have two goals: keeping the family together, and keeping children safe. Family preservation is both a philosophy and an approach. As a philosophy it espouses the following values:

Value diversity and uniqueness among families and communities

Belief that families are the experts in their own lives and that family preservation work is a partnership involving the worker, the family, and larger systems such as community agencies, informal helpers, networks.

The fundamental underlying value is family self-determination of choices and goals.

As an approach to practice, family preservation involves knowledge, skills, and techniques that grow out of philosophical values and beliefs. The fundamental work of family preservation is to help the family become self sufficient. Promoting self determination requires an individualized approach to every family and every community.

Two key objectives of family preservation programs are to enrich life skills of family members, and to enrich their social support networks.

Common characteristics of intensive family preservation programs include:

An emphasis on strengths and capacities

Services are provided in the home and the community

Services focus on the whole family

Services are provided to families who are in crisis (i.e. at risk for removal of children to out-of-home placement

Services are typically short-term and intensive. (Berry, 1997)

Destructive behaviors: Any behaviors that cause emotional, psychological, or physical trauma to an individual or family.

Natural Supports: Friends or family members who would provide safe assistance and help in times of need.

Parenting skills: For the purposes of this evaluation, basic parenting skills for effective child management include: clear communication, establishment of expectations and consquences; use of routines; positive reinforcement; and positive role modeling.

Resources: That which the family resorts to for supports to meet basic needs for emotional, social, and physical well-being. May include both formal and informal resources, such as health services, schools, support groups, or the local library.

Appendix B
FAM Assessment Tool

SIDE 1

FAM III: GENERAL SCALE

Name:_____ Date:_____ Age:_____ Sex: Male Female

Family Position (check one): ☐ Father/Husband ☐ Mother/Wife ☐ Child ☐ Grandparent ☐ Other_____

Directions: On this page and the reverse side, you will find 50 statements about your family as a whole. Read each statement carefully and decide how well the statement applies to your family. Make your response by circling one of the provided answers ("strongly agree," "agree," "disagree," or "strongly disagree"). Circle only one response for each item. Mark an answer for every statement, even if you are not completely sure of your answer.

1. We spend too much time arguing about what our problems are.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. Family duties are fairly shared.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. When I ask someone to explain what they mean, I get a straight answer.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. When someone in our family is upset, we don't know if they are angry, sad, scared or what.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. We are as well adjusted as any family could possibly be.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. We don't get a chance to be an individual in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. When I ask why we have certain rules, I don't get a good answer.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. We have the same views on what is right and wrong.	Strongly Agree	Agree	Disagree	Strongly Disagree
9. I don't see how any family could get along better than ours.	Strongly Agree	Agree	Disagree	Strongly Disagree
10. Some days we are more easily annoyed than on others.	Strongly Agree	Agree	Disagree	Strongly Disagree
11. When problems come up, we try different ways of solving them.	Strongly Agree	Agree	Disagree	Strongly Disagree
12. My family expects me to do more than my share.	Strongly Agree	Agree	Disagree	Strongly Disagree
13. We argue about who said what in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
14. We tell each other about things that bother us.	Strongly Agree	Agree	Disagree	Strongly Disagree
15. My family could be happier than it is.	Strongly Agree	Agree	Disagree	Strongly Disagree
16. We feel loved in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
17. When you do something wrong in our family, you don't know what to expect.	Strongly Agree	Agree	Disagree	Strongly Disagree
18. It's hard to tell what the rules are in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
19. I don't think any family could possibly be happier than mine.	Strongly Agree	Agree	Disagree	Strongly Disagree
20. Sometimes we are unfair to each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
21. We never let things pile up until they are more than we can handle.	Strongly Agree	Agree	Disagree	Strongly Disagree
22. We agree about who should do what in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
23. I never know what's going on in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
24. I can let my family know what is bothering me.	Strongly Agree	Agree	Disagree	Strongly Disagree
25. We never get angry in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree

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REMEMBER TO COMPLETE THE ITEMS ON THE REVERSE SIDE

SIDE 2

FAM III: GENERAL SCALE

Name:_____ Date:_____ Age:_____ Sex: Male Female

Family Position (check one): ☐ Father/Husband ☐ Mother/Wife ☐ Child ☐ Grandparent ☐ Other_____

Directions: On this page and the reverse side, you will find 50 statements abut your family as a whole. Read each statement carefully and decide how well the statement applies to your family. Make your response by circling on of the provided answers ("strongly agree," "agree," "disagree," or "strongly disagree. Circle only one response for each item. Mark an answer for every statement, even if you are not completely sure of your answer.

26. My family tries to run my life.	Strongly Agree	Agree	Disagree	Strongly Disagree
27. If we do something wrong, we don't get a chance to explain.	Strongly Agree	Agree	Disagree	Strongly Disagree
28. We argue about how much freedom we should have to make our own decisions.	Strongly Agree	Agree	Disagree	Strongly Disagree
29. My family and I understand each other completely.	Strongly Agree	Agree	Disagree	Strongly Disagree
30. We sometimes hurt each others feelings.	Strongly Agree	Agree	Disagree	Strongly Disagree
31. When things aren't going well it takes too long to work them out.	Strongly Agree	Agree	Disagree	Strongly Disagree
32. We can't rely on family members to do their part.	Strongly Agree	Agree	Disagree	Strongly Disagree
33. We take the time to listen to each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
34. When someone is upset, we don't find out until much later.	Strongly Agree	Agree	Disagree	Strongly Disagree
35. Sometimes we avoid each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
36. We feel close to each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
37. Punishments are fair in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
38. The rules in our family don't make sense.	Strongly Agree	Agree	Disagree	Strongly Disagree
39. Some things about my family don't entirely please me.	Strongly Agree	Agree	Disagree	Strongly Disagree
40. We never get upset with each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
41. We deal with our problems even when they're serious.	Strongly Agree	Agree	Disagree	Strongly Disagree
42. One family member always tries to be the center of attention.	Strongly Agree	Agree	Disagree	Strongly Disagree
43. My family lets me have my say, even if they disagree	Strongly Agree	Agree	Disagree	Strongly Disagree
44. When our family gets upset, we take too long to get over it.	Strongly Agree	Agree	Disagree	Strongly Disagree
45. We always admit our mistakes without trying to hide anything.	Strongly Agree	Agree	Disagree	Strongly Disagree
46. We don't really trust each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
47. We hardly ever do what is expected of us without being told.	Strongly Agree	Agree	Disagree	Strongly Disagree
48. We are free to say what we think in our family.	Strongly Agree	Agree	Disagree	Strongly Disagree
49. My family is not a perfect success.	Strongly Agree	Agree	Disagree	Strongly Disagree
50. We have never let down another family member in any way.	Strongly Agree	Agree	Disagree	Strongly Disagree

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REMEMBER TO COMPLETE THE ITEMS ON THE REVERSE SIDE.

Appendix C
Goal Attainment Scale

DIVERSION
Goal Attainment Scale Rating Sheet

Client ID_____ **Pre** ☐ **Post** ☐ **Date**_____
Client Name_____

	Objective 2.2	**Objective 2.3**	**Objective 2.4**	**Objective 2.5**
	Increase access to community resources	Appropriate use of support networks (Family, friends, neighbors)	Increase parental effectiveness in the management of "acting out" behaviours of the child(ren)	Modify communication skills to enhance parental effectiveness
+2 Much more than expected level of outcome	Family is connected to 3 or more community resources	Uses multiple resource both natural and community, to deal with family or personal issues	Parent can demonstrate 3 or more appropriate & effective parenting stategies to manage the behaviour	Able to resolve conflicts through clear and congruent communication (active listening, clear boundaries, respect)
+1 Somewhat more than expected level of outcome	Family is connected to 2 community resources	Uses a helpful resource to deal with family or personal issues	Parent can demonstrate 2 appropriate & effective parenting stategies to manage the behaviour	Willing & able to demonstrate different communication strategies
0 Expected level of outcome	Family is connected to 1 community resource	Establishes connections with a helpful resource	Parent can demonstrate 1 appropriate & effective parenting stategy to manage the behaviour	Clear and open expression of feelings
- 1 Somewhat less than expected level of outcome	Family can identify existing resources but does not access them	Able to discriminate between a helpful and a harmful resource	Parent can identify parenting strategies but does not follow-through	Inconsistent communication patterns
- 2 Much less than expected level of outcome	Family cannot identify any existing community resources	Uses existing support network as a sounding board only	Parent cannot identify any parenting strategies to manage behaviour	Communication patterns are punitive (Scapegoating, triangulation, blaming)
Rating				

Total Score_____ **CSS Worker**_____

T - Score_____

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FAMILY BASED INTERVENTIONS PROGRAM
Goal Attainment Scale Rating Sheet

Client ID_____ **Pre** ☐ **Post** ☐ **Date**_____

Client Name_____

	Objective 2.2	Objective 2.3	Objective 2.4	Objective 2.5
	Increase access to community resources	Increase natural support networks	Increase parental effectiveness in the management of "acting out" behaviours of the child(ren)	Modify and reduce destructive behaviour(s)
+2 Much more than expected level of outcome	Family is connected to 3 or more community resources	Family has 3 or more persons on whom they can count on in times of need	Parent can demonstrate 3 or more parenting strategies to manage the behaviour	Family can demonstrate 3 or more problem-solving strategies to deal with the destructive behaviour(s)
+1 Somewhat more than expected level of outcome	Family is connected to 2 community resources	Family has 2 persons on whom they can count on in times of need	Parent can demonstrate 2 parenting strategies to manage the behaviour	Family can demonstrate 2 problem-solving strategies to deal with the destructive behaviour
0 Expected level of outcome	Family is connected to 1 community resource	Family has 1 person on whom they can count on in times of need	Parent can demonstrate 1 parenting strategy to manage the behaviour	Family can identify and use 1 problem solving strategy to deal with the destructive behaviour(s)
- 1 Somewhat less than expected level of outcome	Family can identify existing resources but does not access them	Family can identify at least one person but is not yet connected with this person	Parent can identify parenting strategies but does not follow through	Family can identify 1 problem solving strategy but cannot demonstrate it
- 2 Much less than expected level of outcome	Family cannot identify any existing community resources	Family cannot identify any natural supports	Parent cannot identify any parenting strategies to manage behaviour	Family cannot identify any strategies for prblem solving
Rating				

Total Score_____ **CSS Worker**_____

T - Score_____

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Appendix D
Consent To Participate in Research

Family Preservation Services Outcome Research Project

Informed Consent Script

(The following information is provided to all family members verbally and through discussion to ensure complete understanding prior to the participants signing the Consent for Participation in Research.)

Research Project: **Family Preservation Services Outcome Research in a Community Based Non Profit Agency Setting.**

The purpose of this research is to gather information on how the family is working together at the beginning and end of involvement in the program. It is hoped that this information will be helpful in determining the programs' effectiveness for family members. Determing the effectiveness of the program will help to determine whether different interventions are required to assist the program to become more beneficial to clients such as yourself, and all others who come to agencies such as these for Family Preservation Services.

The information will be gathered from all family members (over the age of ten) that live in the home where the child who has been having difficulty lives. The questionnaires will be filled out during the initial assessment interview with the family in their home. Family members will fill out the Family Assessment questionnaire independent of one another but may ask the program worker for help if they do not understand any of the questions. The Goal Attainment Scale will be filled out with the parents and the program worker during the initial assessment interview. Participants will be asked to fill out these questionnaires at the beginning of service and at the end of service. The length of time you will be involved in the project will be the same as the length of time you will be getting help from the Family Preservation Services Program. The questionnaires are fill out when you first start in the program and at the end of the program. The amount of time it takes to fill out the questionnaires is about fifteen to twenty minutes.

The information that is gathered will be entered into the agency's data base for scoring and storage. The actual forms that the family members fill out will be stored on their client files in the Agency's offices. These files are kept in a secured location with locked file cabinets.

The names of participants and their questionnaires will be seen by; the participants themselves, the program worker, program supervisor, program manager, researchers and data entry clerks.

This is a voluntary project and participants are free to withdraw without loss of service at any time. The name or identity of the participants involved in this study will not be given out to anyone. Nor will the names or any other identifying information of the participants appear in any report that may be forthcoming when the study is complete.

For more information please contact:

Cecilia Munro, Program Manager
Catholic Social Services
Phone #: 471-1122
8212 118 Ave.
Edmonton, Alta.
T5B 0S3

Family Preservation Services Outcome Research Project

Informed Consent
(Client Form)

Research Project: **Family Preservation Services Outcome Research in a Community Based Non Profit Agency Setting.**

Department of Human Ecology
University of Alberta
3-10 Human Ecology Building
492 - 4528

Principal Researcher: Dr. Brenda Munro
Researcher: Cecilia Munro - 471-1122

This study will be done to find out if families work better after they are finished the program. All family members over the age of ten will be asked to complete 50 questions. The questions will be asked at the beginning and at the end of the program. The answers to the questions will help us to know if we are helping you and will help us to know if we need make changes to the program.

It is your choice to be part of this study and you can decide to stop at anytime without losing the help of the program worker. The names of the people who are part of the study will not be given out to anyone. Names will not be part of any reports written after the study has been finished.

I have read and understand the above information. If this is true please sign on the line below.

I consent to be part of this study. I understand that only the program workers, the researchers and the person who enters to the data in the computer see the answers to the questions. I understand that it is my choice to be part of the study and I know that I can quit at anytime during the study without losing the help of the program worker.

I give the Department of Human Ecology and Catholic Social Services permission to use the answers to my questions. I understand that this information will be used only to help improve the program.

1._____ Date_____
(circle) Signature of Parent / guardian or child

_____
Print Name

Please list below all that are under the age of 18 years

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

As parent or guardian of the above listed children I consent on their behalf to the research study outlined in the above document.

_____ Date_____

Parent guardian

_____

Print Name

Appendix E

CSS Oath of Confidentiality

Staff Member ____
Volunteer ____
Student ____

CATHOLIC CHARITIES

CATHOLIC SOCIAL SERVICES

CANADA)
PROVINCE OF ALBERTA)

OFFICIAL OATH

I _____

do swear that I will execute according to law and to the best of my ability the duties required of me in the services of Catholic Social Services or Catholic Charities and that I will not, without due authorization, disclose or make known any matter or thing which comes to my knowledge by reason of my service with Catholic Social Services or Catholic Charities.

I also agree to report immediately any allegations of emotional, physical and/or sexual abuse, mistreatment and assault to my immediate supervisor.

SO HELP ME GOD

_____
Signature

TAKEN and subscribed before me at

_____

this___ day of _____

A.D. 19____

_____
Commissioner for Oaths

(to be retained on file)

Revised 07/96